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## PRIZE ESSAY.*

We have carefully read the Essays on Typhus Fever, put into our hands for examination, and are of the opinion, that the one bearing the motto, "Nullum ego cognosco remedium, nisi quod tempestivo usu fiat tale," is the best entitled to the prize; on breaking the seal, we found the author to be Stephen Brown, M. D., of New York.

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Philadelphia, 28th March, 1828.

### Art. I.—*An Essay on Typhus Fever.* By Stephen Brown, M. D., one of the Physicians of the New York Hospital.

"Nullum ego cognosco remedium, nisi quod tempestivo usu fiat tale."

*What is typhus fever?*—In the definition of fever, it is generally conceded, that there is no one pathognomonic symptom; that is, there is no one symptom, which may not exist in another disease, and which always does exist in fever. Dr. Fordyce says, "Fever is a disease, the *essence* of which is not understood. It manifests itself in a depression of the powers of sensation, irritability, and action in the body; and likewise of the power of memory, imagination, and judgment in the mind; with contractions of the small vessels throughout the body, an accumulation of fluids in the large vessels, and some particular affection of the stomach." We should consider the

* The premium is a silver cup of the value of fifty dollars.

following, a good definition of fever, viz. *an unnatural state of most, if not all, of the secretions.* This is undoubtedly the fact in all fevers; and this condition of the system will account for all the phenomena of the body which they present, and perhaps for those of the mind, also. In fever, the whole secretory system, throughout the body, separates a smaller quantity of fluids, than in health. And, 1st, of the urine. In fever, the urine is both diminished in quantity, and altered in quality. Healthy urine, after having been exposed for a time to a temperature some degrees below that of the human body, becomes cloudy and deposits a sediment. On the other hand, the urine which is voided in fevers, remains transparent, even after cooling. This is owing to the absence of a mucilage, which always exists in healthy urine. 2nd. The quantity of feculent matter evacuated, is diminished during an attack of fever. Now, as this matter consists partly of that portion of the ingesta not assimilated, and partly of the bile, pancreatic juice, and other fluids secreted into the intestines; and as there is a loss of appetite and torpidity of the stomach and bowels, a proof is furnished that all these secretions are diminished. Hence, costiveness. And, although in some instances there should be copious bilious dejections, demonstrating the secretion of a preternatural quantity of bile, but of a deteriorated quality, it does not subtract from the correctness of our definition.

3d. The skin is generally dry and hot, showing a diminished cutaneous secretion.

4th. The dryness of the tongue, mouth, and fauces, shows a diminution of the secretions from the salivary glands, and the mucous membranes of the mouth and nose.

5th. If there be ulcers on any part of the body, during an attack of fever, they either become completely dry, or they discharge very sparingly. Thus it appears, that all the secretions are more or less disturbed, and generally diminished in fevers.

It has been suggested by an American practitioner of high respectability, that the primary seat of fever, as well as all inflammatory action, is in the capillary system of vessels. Strictly speaking, every morbific agent, whether it be *marsh or idio-miasmata*, or any other principle capable of producing febrile action, most probably makes its first impression on the nervous system. But, as in the capillary system, all the functions of the body are performed, as nutrition, animalization, absorption, secretion, and probably the production of animal heat; this system appears to be in a peculiar manner

under the nervous influence. It would appear reasonable, therefore, to conclude, that these vessels will experience the first impression made upon the system by morbific agents. Thus, after exposure to exciting causes, the first manifestations of febrile action are such as indicate a derangement of some part of the capillary system. After the capillaries of one or more important organs have become thus disordered in their functions, the heart and arteries are drawn into irregular action, both in consequence of the internal congestions from the torpor or otherwise altered condition of these vessels, and of the irritating qualities the blood has by this time acquired, from the influence of the infectious poison, or from the previous functional disorder of one or more of the emunctories of the system, whereby irritating principles are retained.

Dr. Rush, under the head of the phenomena of fever, attempts to prove, that the higher grades of fever depend upon morbid and excessive action in the blood-vessels. "It is connected, of course," says he, "with preternatural sensibility in their muscular fibres. The blood is the most powerful irritant which acts upon them. By abstracting a part of it, we lessen the principal cause of the fever."

Thus it would appear, according to his view of the subject, that febrile action is a mere increase of the healthy action of the system. Hence the abstraction of blood, by pulling down this action, is the sheet-anchor in the treatment. But notwithstanding the high authority of Rush, we beg leave to examine this point. In the sanguiferous system, the proper function of the heart appears to be nothing more than to receive the blood from the veins, to throw it into the arteries, and assist in its propulsion to the extreme vessels. The veins and arteries are vessels which may be regarded as living canals. The former, designed to return the blood from the capillaries of the general system and the lungs to the heart. The latter, to convey the blood to the several capillaries for the performance of their respective functions. The functions of the heart and large vessels, may be considered as wholly subservient to those of the capillaries, which, in reality, perform all the "great and essential offices of the circulating system." If mere increased action of the heart and arteries constituted fever, every sudden and active exertion of the body would create it. We observe the most violent action in the heart and large arteries, as in palpitation, which do not produce the slightest symptoms of fever. Sudden fear, anx-

iety of mind, and violent exercise, often produce an increased action of the heart and arteries; but, unless the capillary functions are disturbed, no fever ensues. From this, it appears, that "these two parts of the circulating system have diseases as distinct and different from each other, as their functions." The increased action of the heart and large arteries in fever, must therefore be symptomatic of, and consequent to, the affection of the capillaries. The various parts of this system are differently affected in different individuals. Hence, the variety of grades of fever, are as innumerable as the shades produced by the combination of different colours. Sometimes the strength of the diseased action will manifest itself in the cuticular capillaries, by a pale, hot, and dry skin. In such cases, this emunctory is locked up. Again, the balance of the diseased action may be in the brain, liver, stomach, or bowels; the natural functions of which, are impaired or suspended, while that of the skin is less disturbed. The different conditions which have been termed inflammation, congestion, engorgement, &c. appear all to be different grades of the same affection of the capillary system. The morbific cause may produce different grades of action, according to the functions primarily acted upon, or to its quantity or intensity of action. Thus when any of the important organs are more particularly its seat of action, the danger becomes the greater.

As the natural action of the capillaries in the performance of their functions cannot be explained, neither can their diseased condition be defined. They are probably in a more or less paralyzed state. This would appear from their functions being, in different cases, variously affected, from a slight interruption or imperfection to a complete suspension of action; this latter state constituting the most malignant and dangerous cases of fever.

But to be more full and precise, we might define fever to be, an unnatural state of all the secretions, together with a "depression of the powers of sensation, irritability, and action in the body, and of the imagination, memory, and judgment in the mind." If local inflammation should supervene upon, or give rise to fever, it would not render this definition incorrect.

If there be a *pathognomonic symptom* of fever, I should expect to find it in the quality of the urine. Still, to be able to point it out in every grade of fever, would require a nicer test than I have ever applied. Perhaps a peculiar change

might be found in all the secretions, if they could be as easily examined as the urine.

Having premised these remarks upon fever generally, we come now more particularly to the consideration of *typhus.* Some consider the term as derived from τυφω, to inflame, others from τυφος, stupor. But to pass by its origin and derivation, it is generally considered a disease of debility, and many look for those symptoms in all its stages, which characterize its advanced stage alone. Dr. Armstrong says, "By the term *typhus*, many have meant that combination of malignant symptoms, which constitute the last stage of any acute disease." This he calls an abuse of the term; and he defines typhus, a specific disease, which, "like the epic poem of the ancient critics, has a beginning, a middle, and an end." A stage of oppression, excitement, and collapse. This is a very good definition when properly restricted; but when we see in another page such an explanation of the author's meaning as the following, we cannot accede to its correctness. "It strikes me, that to call any species of fever typhus, which has not the *contagious essence* capable of producing an *unequivocal typhus*, is equally incorrect in logic, as in language." He therefore regards typhus as a disease, depending upon a *specific contagion.*

Typhus fever often prevails as an endemic in jails, prisons, alms houses, camps, ships, and other crowded places, where the atmosphere becomes imbued with a specific poison, generated from the retained human excretions, mixed with the dirt and filth, which necessarily accumulate in such places. Hence, different appellations have been given to these fevers, according to the place of their origin, as jail, hospital, camp fever, &c.

This poison has been denominated, by a very ingenious writer, by way of contradistinction from other febrile infectious poisons, "*Idio Miasma.*"*

Typhus may therefore be said to be a disease, which has a "beginning, a middle, and an end," depending not upon a "specific contagion," but upon a peculiar infectious poison, generated from confined human excretions, under concurrent, inexplicable *general causes.* This remark will receive a further illustration hereafter.

Typhus fever also appears in families, where it seizes, in succession or together, several of the members. But here the local cause is doubtless the same; and we discover remark-

* See Appendix to Thomas' Practice, by Dr. Edward Miller.

able instances of it in different seasons, when the general cause concurs. Individual cases may often arise, when the local cause is less concentrated, or exists merely in a moderate degree; being favoured by debility of habit, which requires but little to light up the flame.

We have remarked above, that typhus has been generally considered a disease of debility. So far from this being universally the fact, this disease is often attended with increased action for many days during the early stage requiring active treatment. Whereas, in the advanced stage in the same cases, we discover all the symptoms which characterize low typhus, and have a course of fourteen to seventeen days. Whereas, in other cases in different habits and ages, occurring during the same time, and manifestly from the same causes, we discover a low type of fever from the commencement; and in others, that form of fever called by Dr. Armstrong, *congestive typhus.* And although we consider this gentleman's pathology of typhus fever erroneous, yet his division of it into *simple*, *inflammatory*, and *congestive*, has natural characteristics, according to the different symptoms which typhus presents; and has peculiar advantages, more particularly in aiding the inquiries of the younger practitioners, and serving to guide their prescriptions at the bedside.

*Symptoms and character of typhus.*—To enter minutely into a detail of the symptoms of typhus, is considered useless in this communication; as they are to be found in the works of systematic writers, and every physician is presumed to be familiar with them. There are almost innumerable shades and grades, from the most simple to the most malignant.

The division of typhus into *mitior* and *gravior*, as in the books, is not recognisable by any line of demarkation between the two. And if we could accurately draw a line, and make two distinctions according to grades of severity, still each division would be made up of almost imperceptible shades of cases, and no practical benefit could result from it.

Typhus fever, like yellow fever, and marsh fevers, varies in type in different seasons, and the type is given it, probably, more particularly by the *general cause*, of which we shall speak more at large in a future section.

In 1818, the fever which prevailed so extensively in the penitentiary and alms house in this city, assumed much more of an asthenic character, than either that of 1825, or 1827. As at that time, we were fully in the belief of the propriety and importance of a stimulating plan of treatment in typhus

generally, most of the cases that year, were treated upon the stimulating plan, more especially in the advanced stage. In the early stage, emetics, cathartics, and antimonials were given freely. Under this plan of treatment, the averaged number of deaths was not greater than one in ten or twelve. Whether the stimulating plan of treatment, in the type of fever of that year, was the most judicious or not, still I am confident that a similar course of treatment in the fever of 1825 and 7, would have been attended with a much more unfavourable result. In fact, during these last mentioned periods, stimulants were deemed inadmissible in the generality of cases, even in the advanced *stage.* And the lancet was in several instances employed, more particularly in the early stage, with decided advantage.

Not only grades in symptoms, but particular and individual symptoms vary in different seasons. In 1818, a red, turgescent, and highly injected state of the eyelids, was, during the stage of excitement, a very general symptom. This peculiarity was rarely seen in 1825 and 7. During the last two periods, however, petechiæ were much more frequent, as in 1818 it was seldom seen. During 1818, the black tongue was much more frequent than 1825 or 7. Typhomania was much more frequent in 1818, than during the other periods mentioned, and so was *subsultus tendinum.*

This variation in type or diathesis in different periods, will account, in a great measure, for that difference in opinion among practitioners, with regard to the best mode of treating typhus, and the warmth with which different modes of practice has been advocated, by authors of celebrity in different ages of the world.

Dr. Armstrong makes *three* varieties of *typhus.* The *simple,* the *inflammatory,* and *congestive.* As each of these varieties has symptoms peculiar, this arrangement has advantages in directing the inquiries of the student, and the investigations at the bedside, of the younger practitioners. But Dr. Armstrong's pathology of congestive typhus, we will take the liberty to examine.

*The simple typhus,* is that form where there is equal excitement throughout the system, unattended by any particular derangement or disturbance, in any of the great functions of the system, and which always has a remission in the morning.

*The inflammatory typhus,* is where there is either acute, or subacute inflammation in the brain, lungs, liver, or bowels, or in some other part of the system, attended with pain and

higher arterial action than the *simple*, and of which, from the continued irritation of the local affection, there is little or no remission in the morning, as in the simple typhus.

With regard to the congestive typhus, "one striking difference between it and the *simple* and *inflammatory* forms of fever is, that the animal heat is *diminished* in the *former*, and *increased* in the two latter." There is also a diminution in the power of the heart's action—the pulse is feeble, sometimes irregular, and often frequent. The surface of the body is pale and flaccid; the tongue frequently not much altered; the power of the voluntary muscles are often suddenly and greatly impaired. The functions of the mind appear in the same degree oppressed as those of the body. The patients are often seized with vertigo, and confusion of intellect; the countenance exhibits a vacant and intoxicated expression—sometimes they appear unconscious of any thing around them; in other instances there appears some degree of the activity, or rather powers of intellect, but so oppressed as to bring an answer from them to a simple question, in a slow and drawling accent. From this state, in the worst cases, they sink into coma, and sometimes die convulsed after a short period.

Dr. Armstrong's pathological distinction between the inflammatory and congestive typhus is, that the "arterial system is more immediately and chiefly concerned in the simple and inflammatory, and the venous system in that of the congestive." Dr. Armstrong's pathology of congestive typhus, appears to have been formed from autopsic examinations. He remarks, "though the engorgements may exist in the different organs in the congestive typhus, yet the large vessels about the right side of the heart, the veins of the brain, and of the liver, are the parts most frequently and seriously affected; and next to them, those of the spleen and lungs." The balance between the arterial and venous systems, is more or less disturbed, in every instance of congestive fever; for there is more blood accumulated in the veins, and of course less contained in the arteries, than in the natural state.

It thus appears, agreeable to Dr. Armstrong's view of typhus fever, the loaded state of the venous system is the proximate cause of the congestive type; and in that of the simple and inflammatory, a loaded state of the arterial system constitutes the pathological condition of the system.

That the balance of circulation in the veins and arteries in typhus fever is sometimes irregular, being in some cases on the side of the veins, and in other instances on that of the arteries, there can be no doubt. But this condition of the circulating

system, instead of giving rise to the peculiar and varied symptoms and phenomena of the three grades of fever spoken of, are, I am fully persuaded, *consequent* to arrested secretion; which is more or less complete in one or more of the great functions, constituting by its degree of force and varied locality, all the symptoms exhibited in the three varieties of *simple*, *congestive*, and *inflammatory* typhus. That the secretions are arrested more or less in the different grades of fever, is abundantly evident, as before pointed out: and it will hereafter be made to appear, that remedial agents mitigate and relieve the symptoms in the same degree as they act upon the general secretions; and that the efforts of nature in effecting a solution of febrile action, produces it by a restoration of the secretions.

In order to make our view of the pathology of congestion more plain, we beg leave to give the following case in detail.

J. D., aged about twenty-two years, was admitted into the New York hospital, last September. When brought to the hospital, I was there in attendance. His appearance and symptoms were as follow:

Had a vacant intoxicated cast of countenance; could not thrust his tongue from his mouth, neither could he be made to speak. The whole surface of his body was *pale*, *cool*, and *flaccid;* pulse very frequent and feeble. In fact, there appeared such a degree of collapse in the whole system, as to induce a general opinion by those who saw him, that he could survive but a short time.

He was put into a hot bath, and kept there thirty minutes. As soon as he was removed from the bath, *four* blisters were applied to different parts of the body—a large one to the back of the neck and between the shoulders—a very large one over the pit of the stomach and liver, and one upon each leg. And in addition, mustard cataplasms were applied to the inner part of the thighs and over the abdomen. In a short time after, a full dose of calomel was given.

Under this treatment, warmth gradually returned to the surface; the pulse slowly increased in strength, and twenty-four hours from the time of his admission, he was for the first made to speak when questioned: previous to this, the powers of intellect were so weakened, that he was apparently unconscious of the reality of things; although he would cast his eyes around upon men and objects with a vacant stare. It appeared now, that he was taken ill the day previous to his admission, as stated by his friends, who called to see him. The calomel, by the aid of other cathartics, took effect upon

his bowels; the blisters produced extensive irritation upon the surface, and his fever soon assumed the character of simple but quite high excitement, and had a course of fourteen days. This young man recovered.

This case was a fair specimen of congestive fever, according to Dr. Armstrong. Agreeable to his pathology, while this man's system was the most oppressed and debilitated, the venous system, more particularly in the *brain*, was loaded and burdened with a surplus of blood. If so, when the previous symptoms gave way to those of *general* and *equal* excitement, the veins had become *unloaded*. The surplus of blood moved on into the arteries, and the balance was restored. Now if this pathology be admitted, by what law of the animal economy can we explain the operation of cause and effect in the production of this change, by the agents employed in the circulating mass: and furthermore, what state of the circulating system was that which kept up the uniform febrile excitement for fourteen days longer?

If we admit the pathology which supposes that in this case the causes operated more forcibly upon the brain, which in a powerful degree oppressed its capillary functions, so as nearly to have suspended the powers of the system—the *change produced* in the *system* by the *means employed*, can be explained upon the principle of *sympathy*. The impression made upon the cutaneous capillary function by the hot bath, blisters, &c. and those of the stomach, *liver*, spleen, and bowels, by the full dose of calomel, moved the action of the cerebral capillary functions by a sympathetic action, and in the same degree as this was increased, the powers of the mind were restored. But after the capillaries of the brain were in a measure relieved, the cause still continued to operate—(the poison still remained in the system;) but was diffused more uniformly throughout the capillary system, as manifested by the general febrile excitement, which continued for two weeks longer, when the secretions were all restored, and all febrile action ceased. At the commencement of the febrile attack, one function, and that the most vital and important, was more particularly affected; afterward all the capillary functions participated, perhaps, nearly in an equal degree. I do not deny but that in this form of fever, the venous system, more particularly the *capillaries*, may be in a loaded condition; but this is doubtless owing to the suspension more or less of the process of secretion, and from the same cause, the arteries may at times be in a similar condition. And in other instances, probably the capillaries of both *arteries and veins*

in some of the great organs may be distended or burdened with an unusual flow of blood. But I deny that the appearances after death, can lead us to correct conclusions on this subject. The processes in the capillary circulating system constituting the various secretions, are altogether inexplicable. But as dust and other extraneous particles impair the regularity, and obstruct the wheels and mechanism of a watch or clock, we can say no more, than that an extraneous obnoxious principle introduced into the system, impairs and obstructs the regularity of the movements of the complicated and wonderful mechanism of the animal machine.

We have before remarked, that arrested secretion in fevers may leave a balance of circulation on the side of the veins or arteries, but I cannot believe that the same degree of venous congestion, which appears after death by typhus fever, (or perhaps any other disease,) exists in the *living* body; neither does it appear probable, that any fair conclusion can be drawn from the appearance of the circulating system after death, as to what its condition was during the course of fever, or even at any time before life was extinct.

Dr. Clutterbuck very justly remarks, "we have no right to infer the state of the vessels during life, from their appearance after life has ceased." In support of this position, we have the interesting experiments of Dr. Seeds.* This gentleman bled animals to death by opening the internal jugular veins; and on dissection, he uniformly found the contents of the cranium, and spinal canal, so gorged with blood, that it might at first have been imagined that blood-letting would have saved the animal. "Not only may a part which was free from inflammation during life, acquire either in articulo mortis, or immediately after the extinction of vitality, a red and injected appearance, resembling that of an inflamed surface, but a part actually inflamed *during life*, will frequently exhibit no traces of inflammation after *life is gone*." The engorged condition of the veins after death, is no certain evidence of their having been in this state before death. But if such congestions do exist, (and they may in some, perhaps in many cases,) it is by no means ascertained that they are the cause of the accompanying prostration; on the contrary, we think it much more probable they are the *consequence* of the depressed state of the vital powers when they are general, from the functional derangement of the brain. That process going on in the brain and nervous system, which we

* Med. Chirurg. Journal, Vol. vi. p. 107.

call their functional action, cannot be explained; but when in that state exhibiting the symptoms of what Armstrong calls congestion, doubtless the function is impaired to a greater or less degree; and this must be referred to the state of the capillary and secreting or functional vessels of that organ. And the same remark applies to the *liver, spleen, lungs, stomach, bowels, &c.* The febrile poison acts unequally, affecting sometimes the function of the brain—in other instances, the liver, skin, &c. more than other organs, and in some instances, to so great a degree as to constitute almost an entire suspension of action. This violent affection of the great organs, presents the various grades of the *congestive* typhus of Dr. Armstrong.

"How a state of venous congestion can take place," says Dr. Clutterbuck, "combined with a *deficiency* of *arterial action*, it is not easy to conceive, nor is any explanation attempted. There are but two modes in which an unusual quantity of blood can be accumulated in the veins; one is an additional quantity being propelled into them by an increased action of the arteries, in consequence of which, the corresponding veins are generally observed to be more distended. The other is some obstruction of a mechanical kind to the return of blood to the heart. The former of these is expressly denied by Dr. Armstrong, and of the existence of the latter, no idea appears to be entertained."

There is an evident inconsistency between the *principles* and *practice* of Dr. Armstrong on this head. He says that the prostration arises from a disproportion of blood in the arteries and veins; and that it is accumulated in the venous system. To "equalize the circulation he directs bleeding." Now when a ligature is applied to the arm, and a vein opened, nearly all the blood which flows must evidently come from the sides of the arteries. But according to Dr. Armstrong's hypothesis, there is already a *deficiency* of blood in the arteries; if so, it would hardly seem probable that such an operation would prove advantageous. But it is a fact, that blood-letting is often very serviceable, and sometimes essential, in congestive fever. This operation in some instances raises a small and oppressed pulse to a full and active one. This occurs when the abstraction of blood affects the *secretions;* and the effect is in proportion to the impression made upon the capillary system of vessels, and of eliminating the secretions, more especially of some important organ, as the *brain* or *liver*, whose function is more or less arrested in such cases.

*What causes produce this disease?*—Since the establish-

ment of the penitentiary at Bellevue in 1816, *jail* or *typhus fever* has prevailed in that institution, as an endemic, at three different periods, viz. in 1818, 1825, and 1827. In 1818, it prevailed throughout the year, and then ceased spontaneously, without any alteration in the discipline or arrangement of the prison. In 1825, after having prevailed four months, the prisoners were removed; some to solitary cells, some to the new fever hospital, and the remainder were discharged. After this period, the fever for the most part subsided; merely a solitary case occurring at intervals, throughout the summer.

In 1827, it commenced in midwinter, and prevailed about the same length of time, though not so extensively, as in 1825. Now, it is a remarkable fact, that during each of these periods, typhus fever prevailed also in the bridewell of this city. In two of the periods, an unusual number of cases occurred among the poor, in the crowded streets of the city; many of whom were received into the Bellevue hospitals. We have been connected with the medical department of the alms house, and penitentiary, at Bellevue, for the term of eight years. During that period, we have frequently known to exist, for a great length of time, all the local circumstances which are usually regarded as contributing to the production of typhus, as the same crowded state of the prison, the same rooms, the same diet and discipline, as were in use during the endemic periods; while, at the same time, the house was exempt from this kind of fever. How then can we account for the fact, that under precisely similar local circumstances, typhus will prevail extensively at one period, and not at another? From my own observation, I cannot account for this, from local causes alone; nor do I believe the doctrine of contagion will dissipate the difficulty. But of this point, we shall speak more fully in another section. We are therefore compelled to look to *general causes*, for an explanation of these occurrences. What these peculiarities of the general state of the atmosphere are, which, co-operating with local causes, contribute to produce these effects, cannot be satisfactorily explained; as they are intangible and altogether uncognizable by the senses. But we have high authority in favour of the doctrine of meteorations,* co-operating with local causes, in the production of the different epidemics, as yellow fever, plague, spotted fever, &c. This view of the subject is not only philosophical, but will account for some circumstances, which cannot be explained

* See Webster, Smith, Adams, and others.

in any other way. It appears equally as rational, that the infectious poison of typhus, (idio miasma) should require for its production in such quantities as to cause an epidemic, a similar concurrence of *general* with *local* causes. This may not be so particularly the case with regard to sporadic cases; or, if so, the general cause may exist in a mild degree.

The nature of the operating agent in the general state of the atmosphere, forms a subject of curious, interesting, and philosophical investigation. That there is an occasional prevalence of a peculiar condition of the insensible properties of the atmosphere, favouring the prevalence of, or giving rise to, particular epidemic diseases, is now generally acknowledged; as epidemic catarrh, or influenza, winter fever, or typhoid pneumonia, and some others. These prevail in the autumnal or winter months, and spread over a large tract of country, with such rapidity, as to preclude the idea of their being occasioned or propagated, either through the influence of local causes, or upon the principle of contagion. The change in the insensible properties of the atmosphere giving rise to these epidemics, has been called by an ingenious writer,* "epidemic, or insensible meteoration," as distinct from sensible meteoration, or changes from heat to cold, dryness to moisture, &c. In philosophizing on the variable properties of the atmosphere, the author referred to, divides its principles into ponderable, and imponderable. The former consists of oxygen, nitrogen, carbonic acid, and aqueous vapor. These, he thinks, can have no direct agency in producing epidemics, as the three first are remarkably uniform at all times, and in all parts of the world. But these are universally combined with the imponderable elements, as light, caloric, and electricity, the proportions of which are variable, as is also that of the aqueous vapour. From this it follows, that the qualities of the atmosphere may undergo a variety of changes; for, says he, "it is an established truth in chemistry, that the same elementary substances united in different proportions, form compounds different in their properties; hence, it is reasonable to conclude, that certain variations in the proportions of the former, will render the atmosphere insalutary, and destructive to life." He then institutes the inquiry, which of the imponderable elements is most concerned in originating epidemic meteoration. As we know of no facts which show that light has any agency of this kind, and as changes in temperature will not account for it, *caloric*

* J. M. Smith, M. D.

itself is not adequate to the effect; he thinks it must be occasioned by variations in the quantity of electricity. "Then," says our author, "if this view of the subject be correct, it is obvious that many varieties of epidemic meteoration may spring from certain quantities of electricity, concurring with certain proportions of the other variable constituents of the atmosphere; but in what manner these principles are combined with the component parts of the air, or in what proportions they exist in the varieties of epidemic meteoration, we shall not attempt to investigate: as yet, observation and experiment have made no progress toward elucidating this subject."

Among the changes in the insensible properties of the atmosphere, there are, no doubt, those which, co-operating with local causes, favour the origin and continuance of typhus, when epidemic or endemic. Upon this view of the subject, we can explain phenomena, which cannot be satisfactorily accounted for in any other way; some of which we may here notice.

And, in the first place, let the attentive reader remark the fact we have related respecting the prevalence of endemic typhus, at three distinct periods, in the penitentiary at Bellevue, since 1818, and the remarkable coincidence, that it prevailed in the bridewell of this city at the same periods; and, that there has been no endemic in the bridewell at any other period since that time. And furthermore, during each of the three periods above referred to, typhus was endemic at the alms house, and an unusual number of cases occurred in the confined streets of the city among the poor, many of whom were received into the alms house. It may here be understood, that there can be no mistake on these points, as we were connected with the medical department of the alms house and penitentiary, from 1815 to 1826, with the exception of 1821–22, during which time, we had frequent intercourse with those institutions.

2d. Every experienced practitioner must have been made acquainted with the fact, that typhus frequently seizes upon a number of individuals of the same family, either in succession or conjointly; and this circumstance has confirmed many in the belief of its contagious nature. A remarkable instance of the kind was related to me a short time since, which occurred last winter in a town about thirty miles from this city. Typhus was unusually prevalent in that and the adjoining towns during the winter, and early part of the spring. In one family, consisting of eight members, all had the disease,

four of whom died. These cases did not occur in rapid succession, but some of them in autumn, others in winter, and the remainder in spring. In the majority of families in the town, not a case occurred, though their individual members were exposed to the atmosphere of the sick in the families affected. Dr. Jackson, of Boston, in a communication on "fevers occurring in families," published in the 3d number of the 11th vol. of New England Journal, thinks the doctrine of contagion absurd and untenable; and supposes them to be occasioned by some peculiarity of soil upon which the house is built. This may account for the phenomena as far as local causes are concerned, but does not explain why these occurrences happen at one season, and not at another. This, we conceive, can only be explained upon the supposition of an epidemic meteoration. When this is powerful, a moderate degree of the idio miasma will suffice to light up the flame. The generation of these miasmata is favoured by natural temperament, together with domestic habits, which might not be detected by an ordinary observer, even in respectable and wealthy families. This will account for the remarkable fact noticed by different writers, that members of the same family have sickened and died with the same type of fever, during the same season, and within a short space of time, although residing at a distance of 50 or 100 miles from each other, and having had no communication during their respective illnesses, and not having even resided together for years. This natural predisposition from temperament to fevers of the same type, and to the formation of idio miasmata from the natural excretions, aided by a want of due cleanliness of body, clothes, bedding, &c. will explain the circumstance often noticed and referred to contagion by medical writers, that persons visiting their relations labouring under typhus, and remaining a short time with them, will afterwards sicken with the same disease. Thus the disease is said to be contagious; and with this short-sighted view of the subject, the physician remains satisfied, notwithstanding the many broad facts which support the contrary opinion. This view of concurring causes, will explain the very curious circumstance, that at times, one nation is affected by an epidemic, while other nations escape, though exposed to the same local causes. Such was the "sudor anglicus," which occurred about 1483, affecting Englishmen alone, even in foreign countries, while the inhabitants of those countries were entirely exempt; and foreigners in England at the time, all escaped the disease. Such also was the negro or Bancker street fever of 1820-21,

which prevailed in New York, and excited so much speculation among medical men. A similar disease prevailed in Philadelphia at the same time. This disease was confined to coloured persons, among whom it proved fatal in numerous instances. It had some resemblance to yellow fever.

*Is typhus a contagious disease?*—This point, though one of great magnitude, is far from being settled among physicians.

In 1818-19, typhus prevailed extensively throughout the year, both in the penitentiary and alms house at Bellevue. At that time I resided at the establishment, and walked the hospitals daily, where there certainly existed a very favourable field for observation at the bed-side.

Among the officers of those institutions, and their families, who were exposed to the influence of the crowded rooms, during the prevalence of the disease, six contracted it, in whom the disease went through a very severe course. But among the number of those exposed to the influence of the bodies of these different persons, which, in the capacity of nurses, attendants, friends, &c. could not be less than fifty, not one sickened with the fever. In 1825, twelve or fourteen persons connected with the above mentioned institutions, in various capacities, and exposed to the rooms of the prison, contracted jail fever, of whom five or six died. All these persons were attended in different places by their friends; and not less than 100 persons were exposed to the influence of the sick, and yet not a single instance occurred of its communication. In the winter and spring of 1827, typhus again prevailed at the penitentiary. Three young gentlemen, practitioners of medicine, in the performance of their duty to the sick, as resident physicians, were attacked with the disease, all severely. They were attended by their nurses and friends, and visited by a great number of physicians, from motives of friendship and interest; and yet not a single case of typhus occurred among all these persons. I would also observe, that when I entered upon the practice of my profession, through the influence of my instructers and books, I was strongly prepossessed in favour of the doctrine of the contagious nature of typhus. But observation (and my opportunities have been extensive,) has contributed to strengthen, and finally to confirm me in the belief of the non-contagious nature of fevers. If we examine analogies, I conceive we shall be supported in our opinion.

In the generally acknowledged contagious febrile diseases, as small pox, measles, whooping cough, &c. each has peculiari-

ties of symptoms, and the laws by which they are governed, are remarkably uniform in all cases. As the uniform length of time from exposure, to the first symptoms of the disease. The stage of the disease at which the eruptions appear in measles and small pox.—The sameness of the eruption in all cases.—The uniform period of the decline and termination of these diseases.—The convulsive character of whooping cough; the peculiar secretion which occasions the cough; and the fact, that persons are liable to these diseases but once. Now we discover no such uniformity in the phenomena and laws of typhus fever. On the contrary, persons sickening in the same room, from manifestly the same causes, exhibit very different symptoms. One will have, in the advanced stages, the black tongue; another, the fiery red; another, the yellowish-brown; and a fourth, will retain the whitish appearance of this member, throughout the disease. Again; one will exhibit petechiæ, and another no such symptom. One will have a disease of nine days' continuance, another of eleven, fourteen, twenty, and even sometimes of sixty days.

Nor do the observations and reasoning of the English physicians, most of whom are contagionists, (perhaps because the French are of an opposite opinion,) give us any more satisfaction in favour of the opinion they so strongly advocate. From great attention to the subject, they say that the time the contagious principle is operating in the system, before it breaks forth in disease, varies in different individuals from eight to ninety days. How unlike is this to the contagion of small pox, measles, and whooping cough, which are so uniform in all cases! and how like the infectious miasma, which produces fever and ague, and which we know frequently remains in the system from autumn to the succeeding spring, before it manifests itself in disease! In confirmation of this fact, we may here observe, that intermittent fever has been unusually prevalent in all parts of the city of New York, since April last. Every patient whom I attended, had been exposed to marsh miasmata during the last summer and autumn in the country; and many of them had had the same form of the disease there at that time. In one family, consisting of a man, woman, and child, all sickened with it about the first of May. They had resided last summer and autumn, upon the borders of the Morris canal, in New Jersey, where intermittents were very prevalent. The father and son had intermittent fever last fall; the mother, who was then pregnant, escaped. She was delivered in the winter; and in spring, had as severe a course of fever and ague for three

weeks, as I ever witnessed. As they had removed from the borders of the canal last autumn, and during the spring had occupied a healthy part of the city; and, further, as the form of the disease was the same in the wife, as had affected the husband, it is more than probable—it is almost certain, that this woman had imbibed the seeds of the disorder at the Morris canal the preceding autumn. We had one other case exactly parallel to this, and we can trace all the cases we have seen this year, to the country, where the fever was prevailing last year. I have seen enough to satisfy me, that marsh miasmata may lie dormant in the system from one to six, or eight months, if not longer, before it breaks forth in the form of fever and ague. We even believe that most, or all, of our vernal intermittents, arise from causes which have remained in the system during the winter, and some from the previous autumn. In some instances, it produces fever in a few days, and its victim continues to be harassed from time to time for years, when some important organ becomes so much impaired, that it can never be restored, and the patient declines, and *finally* sinks under a chronic disease.

Dr. Armstrong's division of typhus into three varieties, although a very correct one, is still very unfortunate, as to its affording any support to the doctrine to which he so strenuously adheres. Whether in his opinion the contagion of *simple typhus* is capable of producing the *congestive*, the congestive the *inflammatory*, and vice versa, he does not inform us. The remarks and opinion of Dr. Fordyce, give us no more satisfaction, since *he* considers not only typhus, but even *intermittents*, as strictly contagious. "That intermittent fevers produce this matter, (or in other words are infectious,) the author knows from his own observation, as well as that of others; but intermitting fevers are not nearly so apt to produce it, or at least to propagate it, as continued fevers; and the more violent the continued fever is in its febrile symptoms, the greater quantity of infectious matter is produced." It should be observed, the author uses the terms "infectious," and "contagious," as synonymous.

When we consider, that many of the English physicians apply contagion not only to the plague, &c. but even to phthisis pulmonalis, and intermittent fever, we cannot but think, that instead of there being any reality in the thing, *contagion*, as applicable to many diseases, it is merely an error of the schools of that country, (as they draw wisdom from no other fountain, however copious,) handed down from ages, the fallacy of which, their great learning has never enabled

them to detect, or their national pride has prevented them from acknowledging. There can be no doubt, but that in medicine, as in other sciences, *much observation*, with moderate learning, has made discoveries and detected errors, which great learning alone would for ever have overlooked. It is therefore not so very surprising, that the faculty in England should have so long fostered this idea of contagion, the bastard production of an hypocritical priest, and an unprincipled physician,* and which has been the source of an error

* In an excellent memoir* on the subject of contagion, by Dr. Potter, professor of the theory and practice of medicine in the University of Maryland, the incident to which we allude, is detailed in a very lucid manner; and which we will give in the words of the author. "Notwithstanding," says the Doctor, "the epithet *contagious* had been employed time immemorial, to signify almost every fever which could be contracted by being in the place where it prevailed, it never was applied, in a personal sense, to any general disease, except the plague and the eruptive fevers, till it was suggested by Hieronimus Fracastorius; and no man, of a sound discriminating judgment, will decide, that his opinion was conscientiously expressed. Every circumstance connected with the case, evinces a dereliction of principle in the author, the consequences of which are as deplorable as its propagation has been general.

"This futile hypothesis was the offspring of a political incident, which originated in the conflicting interests of the rival potentates, Francis I. of France, and Philip V. of Germany. During the session of the memorable council of Trent, in 1547, a spirit of dissention arose among the members of that august body: the question, whether the council should continue its session at Trent, or remove to the city of Bologna? was warmly agitated; and, for some time, the scale appeared to preponderate in favour of the former; but the interest of Pope Paul III. finally prevailed, and the council was accordingly translated to the latter. While the issue of the controversy was doubtful, and the Pope considered the completion of his views as problematical, among the various other means employed to ensure success, he found, and enlisted in his service, a zealous and ingenious advocate in Hieronimus Fracastorius, a popular physician at Bologna. It happened, that in the most critical period of the contest, a fever appeared at Trent, which, although it occasioned little or no alarm in others, the occurrence was eagerly embraced by the Doctor, and wielded as a most powerful engine against his antagonists, and in favour of the Pope's interest. This disease, which would seem from his own account to have been a common *typhoid* fever, was painted in the most terrific colours his imagination could invent, and made the basis of a work, which represented it as contagious as the small pox; one which none could approach with impunity. He represented it as having a peculiar attraction for noble blood, and thus struck a panic through the council, overwhelmed the emperor's delegates, and the Spanish bishops, and thus the Pope's party triumphantly sat in council, in his own city of Bologna.

"This stratagem, though evidently a *ruse de guerre*, is a remarkable example of the incalculable consequences that sometimes flow from the most trivial incidents. The delegates to this illustrious council were no less dignified as philosophers, than distinguished as theologians; they were powerful as men, independent of that influence with which their sacred characters clothed them; but they were not *medical* philosophers. They returned home

* See American Medical Recorder, vol. for 1818, p. 516.

so detrimental to the cause of truth and science. Bancroft, upon yellow fever, appeared a giant; but upon plague and typhus, a mere stripling. Plague he considered as *communicable*, but by contact exclusively, as the itch, and venereal disease.

*Of the treatment of typhus fever.*—When fevers of a mild type are left chiefly to nature, without the interference of art, the powers of the system, particularly in early life, are sometimes sufficient to sustain organic energy until a solution of the febrile action is brought about, and health restored. This change in the system from diseased to healthy action, is invariably preceded by an increased flow of urine, more or less perspiration, and often by a gentle diarrhœa; while, at the same time, the tongue becomes moist and clean, and, in short, all the secretions are restored. But the febrile action continues in some cases from fifteen to twenty days before this change takes place. We have occasionally witnessed cases of this description in persons, who, from obstinacy and peculiarity of disposition, together with weak intellects, could not be induced to take medicines. How it is that nature prevails over diseased action after a struggle of two or three weeks, is difficult to explain. This power of the system has been termed the *vis medicatrix naturæ*. Call it what we will, such a power exists in the human constitution beyond all doubt; and the sneers which some have bestowed on the idea of this principle, are altogether gratuitous.

In accordance with the operations of nature in restoring healthy action after fevers, our great aim should be, to restore the secretions, by acting on the capillary system. To effect this object most certainly, in a majority of cases, several agents are put in requisition; as blood-letting, cathartics, diaphoretics, and diuretics. The use of other remedies, as epispastics, rubefacients, &c. are also frequently called for in particular cases. We shall make some observations upon these different remedies, as applicable to the different grades and stages of typhus fever.

*Blood-letting.*—In an attack of simple typhus, a prudent resort to the lancet in the early stage, especially in robust habits, prepares the system for the favourable operation of

deeply infected with this *fatal* error, which has slain its thousands, and tens of thousands, and thus perpetuated it throughout Europe. Previous to the dissemination of this hypothesis of febrile contagion from this prolific source, the nations of Europe knew no fears from the imaginary introduction of epidemic diseases, except the plague and the small pox."

medicine, and is sometimes the means of entirely arresting its progress, or of greatly mitigating its violence, and shortening its duration. In inflammatory typhus, however, the lancet is more indispensable. Dr. Armstrong is a strong advocate for the lancet in this form of typhus, and cites cases where he drew twenty, thirty, and even forty ounces of blood at one time, and as much more in a day or two after. We have never met with cases requiring so *free* bleeding; and cannot but think it rarely, if ever, necessary, when the other steps in the treatment are timely interposed. When the lancet is resorted to, the physician should always have in view the preservation, as much as possible, of the strength and energies of the system for the future progress of the disease. No more of the precious and vital fluid should be abstracted, than appears necessary to produce the desired impression, which we shall soon point out.

Although the check given to the secretions, confines that portion of the circulating mass, which in a state of health would pass off by the emunctories, and thereby creates a plethora of the larger vessels; still this is, as we have before remarked, a consequence, and not a cause, of diseased action. The retention of those principles designed in health for excretion, we readily admit may aggravate and tend to keep up febrile action. Venesection is called for to remove this plethora; but this is not so considerable, as to require the abstraction of a large quantity of blood to reduce the volume of the circulating mass to the healthy standard in ordinary cases. But during the operation, the healthy blood is drawn, intermixed with the excrete portion. Hence, as long as the proximate cause exists, the blood continues of this depreciated quality from the retention of the excretions. It would appear, therefore, that blood-letting, as well as other remedies, would manifest a controlling power over the diseased action, in proportion to its effects on the capillary system in exciting the secretions, without regard to the *actual quantity* abstracted. And, accordingly, this is the fact in relation to the efficacy of blood-letting. Now, in order to produce the greatest possible effect upon the secretions through the capillaries by bleeding, it should be carried to the point of producing syncope, and no further. For when this effect is produced, the benefit is the same, whether it has been obtained by the loss of ten or thirty ounces of blood; and the debility produced by bleeding, if carried beyond this point, is generally in proportion to the surplus drawn. The leading object of bleeding in typhus, should be to act on the secretory system. Now,

when the system is labouring under high arterial excitement, the pulse 110 or 120 in a minute, a dry and hot skin, with violent pain in the head, back, and other parts of the body, if we produce syncope by blood-letting, what change occurs? In the first place, the head becomes dizzy or light, the countenance pale, the pulse abates in force, and becomes fluttering, soon ceases to be felt, the patient loses the power of sustaining himself, and falls; the skin is now cool, and perspiration pervades the whole surface of the body. A little water thrown on the face, or vinegar, or ammonia applied to the nostril, immediately restores respiration, and the heart renews its action. In many instances, the action of this organ continues slower, fuller, and softer, than before bleeding, and never remounts to its former febrile standard. But this, however, ofter depends upon the subsequent treatment of the case.

When bleeding makes a full impression, the different pains of which the patient complained, cease, and the skin remains cooler and softer. The effect upon the capillaries, however, is not confined to those of the skin; the whole system of capillaries feels it. The contents of the stomach, at this time, are frequently rejected.

We have before remarked, that the impression thus produced, is sometimes permanent; but in other instances, the febrile action, after a short cessation, recovers its former vigour, and the whole system is in as great a commotion as ever. But with a view to revive and keep up a continued action on the capillaries, other agents are now required, as cathartics, &c. of which we shall speak more fully hereafter.

Sometimes syncope takes place after the loss of a very small quantity of blood, even a gill, or a half pint; and this too, in the early stages of the disease, even before the energies of the system have been much exhausted. But in these instances, the same good effects result from blood-letting, as in cases which require the loss of a much larger quantity to produce syncope.

We have availed ourselves, in the abstraction of blood, of the following aphorism: Whenever syncope takes place, cease to draw blood for that time. By adhering to this rule, we shall rarely be liable to carry this measure to a dangerous extent, even in cases where the loss of blood can only be borne in limited quantities, and of which we cannot always judge previously to witnessing its effects. A remarkable circumstance, and one which we have not seen noticed by any author, showing the decided impression made upon the system,

by bleeding to syncope, is, the difference in the *appearance* of the blood drawn *before*, and immediately *after* this effect has taken place. Our attention was more particularly called to this fact six or seven years since, while bleeding a man labouring under an attack of *congestive* typhus. This patient was at the time over sixty years of age; of the choleric temperament; had been employed in a public institution, and exposed to idio-miasma. He was a corpulent man, with a very large head. Towards evening, he felt unwell; was chilly, and had some pain in the head. Took some herb tea, and went to bed. Next morning was taken home, a distance of two miles, where I saw him about 11 o'clock, A. M. There was a torpor throughout the system. If he attempted to turn in bed, it was with the greatest difficulty he could accomplish it. Being asked whether he had pain, said no; had "some clumsy feeling in the head," and a want of natural sensibility throughout the system. When questioned, he was unusually slow to answer; his eyes were red and turgid; pulse oppressed, and about 90 in a minute. Thus the torpor of organic action in mind and body were alike. I immediately bled him about twelve ounces, when he became faint. In about four hours, he was bled again about the same quantity, when he became faint, and vomited freely. Blisters were then applied, and cathartics administered, until the bowels were freely evacuated. The next day the circulation was more equal; there was a moderate degree of excitement: he could get out of his bed and walk about the room; he recollected particularly his feelings the preceding day; said that he had little or no muscular power: in attempting to move, he was "just like a log," and at the same time he had no pain. The excitement now continued moderately to increase, until about the fourth day from the attack, when, upon visiting him, I found the pulse 120 in a minute, of a strong beat; skin dry and hot, with some pain in the head and limbs. I now opened a vein while the patient was sitting up, and *as the blood flowed* into the bowl, the *buff* collected so as to cover the whole surface, even before we had drawn as much as his case required. After about sixteen ounces had been drawn, complete syncope took place; perspiration broke out over his body, and he vomited. Upon being placed in a recumbent posture, the circulation soon returned, and about one or two ounces more of blood were drawn from the same orifice. I was here peculiarly struck by observing the difference in the appearance of this last blood, and that drawn before syncope had occurred. The first had an unusual quantity of

buff, the last none at all, was more florid, and after having stood twenty-four hours, still no buff appeared.

This patient required no more bleeding; calomel and antimony, together with the energies of the system, effected a solution of his fever in a few days.

Had this patient been bled in a recumbent posture, or from a smaller orifice, so that two or three pounds of blood had been drawn before deliquium, the whole quantity had doubtless put on the same appearance as that actually drawn. It is therefore certain, that *diminution of volume merely*, had not the effect in changing its appearance. The phenomena produced by bleeding, were a temporary cessation of the circulation, and an opening of the secretions. Mere increased action in the blood-vessels could not account for the difference in the appearance of the blood before and after syncope. It, therefore, must have been occasioned by the effect produced upon the *secretions*. How it is, that this change in the blood is so suddenly produced by the restoration of the secretory action, must be referred to the changes produced in the integrant principles of the circulating mass, by the same inexplicable process as that by which the secretions are elaborated. The effect of bleeding ad deliquium, is not confined to the capillaries of the skin, as is evident from the fact, that not only vomiting frequently attends fainting, but also the bowels are moved as a consequence, and an increased flow of urine occurs in many cases.

It then becomes important when we draw blood, to produce some degree of faintness, and that with as little loss of blood as possible. In order to effect this, it should be drawn in a standing or sitting posture, and from a large orifice.

There may be cases where it would be useful, and perhaps necessary (as in some inflammatory diseases,) to draw more blood immediately after the recovery from syncope; but such cases are so rare, as to form merely exceptions to a general rule, which we consider as one of great importance to every practitioner. Dr. Armstrong is favourable to bleeding ad deliquium, in the early stage of typhus; but objects to it in the advanced stage, particularly of the congestive form, as the patient in some instances never recovers from it. Dr. Rush mentions a case, which occurred under his own observation, of death from fainting under blood-letting, in the advanced stage of fever; but he is highly in favour of endeavouring to produce syncope in the early stage of fevers, as deriving more advantage therefrom, than when this is not

produced. If blood-letting has not been resorted to in the early stage, and symptoms render it proper in the advanced stage, it should be practised with caution; and if faintness be threatened, every precaution should immediately be used to avoid it.

*Cathartics.*—Since the publication of Dr. Hamilton's essay on purgatives, it has become very fashionable to treat fevers upon this plan; so much so, indeed, that many practitioners, both in Great Britain and America, depend upon them, almost to the exclusion of emetics and the lancet.

If I were restricted to the use of any one class of remedies in typhus fever, I would choose purgatives. Nevertheless, under particular circumstances, both emetics and the lancet, are of inestimable value; the first, in the forming stage of fevers; the latter, in the stage of excitement, and more especially when local inflammation attends.

Purgatives should always follow emetics and venesection, in order to derive the greatest effect from all these agents. The secretions of the liver, stomach, and bowels, are more or less disturbed in all cases of typhus fever, and are frequently completely locked up; while the bowels themselves are at the same time, in a loaded and torpid condition.

The importance of an early and thorough evacuation of the bowels in typhus, is acknowledged by every medical practitioner. This object can be more easily accomplished, and by less quantities of medicine, immediately after the use of emetics and venesection, than either preceding them, or after the lapse of a considerable interval from their use; which shall have given time for the system to recover from the collapse produced by them. A purgative judiciously administered immediately after emetics and the lancet, will frequently obviate the necessity of a repetition of either the one or the other. By this remark, I would not recommend blood-letting merely with a view to procure ready catharsis, unless the general symptoms have required it previous to the use of cathartics; or unless, having tried the latter, they have failed to produce their effect.

The fever, although it may have become so fixed as to continue some days longer, will yet assume and preserve a simple type throughout, and may be conducted safely through its course in the manner we shall now point out.

Whenever a case of typhus fever is from its commencement one of simple excitement, or is reduced to this character from the congestive or inflammatory form, the whole aim of the physician should be to preserve this condition, and pre-

vent the others from recurring. And, if his means be judicious, he will conduct it safely to a crisis, as surely as a skilful mariner, with a proper knowledge of the sea, a correct chart, and a fair wind, can conduct his vessel into port.

In the *selection* of purgatives, we should choose those which act with greatest certainty upon the secretions, and at the same time, economize the strength of the patient. Among these, *calomel* is the most important. When given in full doses, it excites the secretions of the liver and other viscera, and brings away consistent discharges. In the early stage, when the tongue is white, and pulse of considerable strength, it may be judiciously united with James' powder; five to ten grains of the latter, with five to eight grains of the former, every four hours, more or less, according to the circumstances of the case. It should produce three or four evacuations every twenty-four hours—else it should be assisted by other medicines; and for this purpose, the sulph. magn., with the magn. calc., is one of the best, in the proportion of ℥i. of the former, to ʒi. of the latter, rubbed together, and divided into four or five parts, given at regular intervals, until the desired effect is produced. But in the more advanced stage, when the tongue becomes yellow or brown, glassy or dry, with less strength of pulse, calomel should be given alone in full doses, once or twice in twenty-four hours; permitted to remain in the system from four to six hours; and then worked off by castor oil, or rhubarb and magnesia. In this way, from three to five evacuations should be procured every twenty-four hours, during the stage of excitement. In general, it is best to give the calomel so that it may remain in the stomach and bowels during the longest remission, which is (except in the very advanced stage,) from 3 to 9 o'clock in the morning. I have frequently given it at bed time, and let it remain till morning; but I usually wait until 3 or 6 o'clock in the morning, and afterwards give rhubarb and magnesia, or castor oil, in divided doses, so as to procure from three to five evacuations, according to circumstances, in the course of the afternoon and evening, when the excitement is highest. This operates like throwing water upon fire: it moderates action, and makes a strong impression upon febrile excitement, which is felt throughout the remainder of its course.

I consider from eight to twenty grains a full dose of calomel. I have often given ten or fifteen grains for several days in succession, and in some cases twenty, and even thirty grains at a dose. I am not satisfied that twenty grains operates more powerfully than ten, in the generality of cases; though, unless

the case be very urgent, I rarely give more than ten or fifteen grains at a dose. I am satisfied, that this quantity will not go off so quickly by the bowels, as three or five grains, and that it takes a much surer hold of the secretions, thereby making a more decided impression.

With respect to rhubarb and magnesia, and castor oil, it is often beneficial to use them alternately in the same case, though, in different habits, one of them will sometimes be found preferable to the other as a continued medicine. Rhubarb gives colour to the discharges; castor oil does not, but evacuates the contents of the bowels of their own colour; hence we are enabled under its operation to see the true appearance of the discharges. Senna is often a useful purgative in such cases, either alone or combined with some other cathartic medicine. A formula, to which I am very partial, is, equal parts of senna, aniseseed, rhubarb, and sulphate of potass, made into an infusion, and given in divided doses. In the early stages, as we have before observed, sulph. magn. with the magn. calc. or the carbonate, is an excellent prescription, to be given after full doses of calomel.

*Diaphoretics.*—As in fevers, the secretions by the skin are locked up or greatly impeded; medicines whose effect is, to open these secretions, are often peculiarly serviceable, and are frequently a necessary part of the treatment. Some practitioners have placed so much dependence upon diaphoretics, as to attempt the cure of all fevers by sweating. Hence the most powerful articles of this class of medicines have been employed by different physicians, as the preparations of antimony, spirit of Mindererus; various vegetable infusions,—as the eupator. perfoliat. marrub. vulgare, &c. &c.

In typhus fever, after the disease is fully formed, attempts to arrest its progress by powerful diaphoresis, I believe are generally improper, and often hazardous. This method of treatment soon greatly impairs or exhausts the strength and energies of the system, without arresting the progress of the fever, or exciting the secretions generally. The object of the physician, should be to soften the skin, and to keep up a gentle and uniform determination to the surface. Here the alkalies claim a high and important rank; and, during the stage of excitement, the salt of tartar is the best. This preparation may be given during the interval from the exhibition of calomel, to that of the cathartic solution which follows. The space of an hour should intervene between the administration of calomel, and the salt of tartar, as they act chemically upon each other. My practice is to give to adults three or four

grains every one or two hours. It should be dissolved in water, and a sufficiency of sugar added to cover its acrimonious taste; it then forms a grateful draught, and quenches that burning thirst so distressing in typhus, more speedily than any other remedy with which I am acquainted. The vegetable acids are grateful to the taste, but they seem often rather to increase than allay thirst.

The salt of tartar concentrates in itself, properties which no other article or combination to my knowledge can equal, and which render it peculiarly serviceable in fevers. It allays thirst, corrects acidity of the stomach, and operates as a diaphoretic gently and *generally*—more *generally* than any other. For the fact, I am at a loss to account; but I have frequently known it to produce moisture of the lower extremities, before any appeared upon the body. It almost invariably softens the skin with usually a gentle moisture, but sometimes pretty free. It not only determines to the surface, and opens the cutaneous secretions, but it has an equally decided effect upon the kidneys; under its use in fevers, we almost invariably discover an increased flow of urine. Thus while it sits well upon the stomach, is not unpleasant to the taste, and allays nausea if any be present; there is no one article of the materia medica which accomplishes so many objects, and is at the same time so safe to take.

During the early stage of typhus, when the excitement is considerable, James' powder is an excellent remedy. We have before recommended its use with calomel; and when given alone, it not only determines to the surface, but it also operates as an alterative, and is unquestionably one of the best antimonial preparations in fevers.

Nitrate of potass is a good article in this stage of typhus. It allays the heat of the skin perhaps more effectually than any other medicine. It also operates upon the kidneys. I have frequently used this substance combined with James' powder, five to ten grains of each, according to circumstances, every two or three hours.

*Liquor ammoniæ acetatis.*—This is an effectual diaphoretic, but its effects upon the system are frequently partial; bringing out free perspiration upon the face and body, while the extremities remain dry. It is unpleasant to most patients; has no effect upon the kidneys, and has no operation as an alterative. I now very rarely employ it.

Riverius' mixture is a pleasant medicine, and much preferable to the latter, as its effects upon the system, though very mild, are more uniform.

*The sulphate of Quinine.*—In this article, we have one of the most important accessions to our materia medica, in modern times. We have employed it in a considerable number of typhus cases, particularly in the advanced stage, with very great advantage. In cases of great prostration, with feeble pulse, it often arouses the languid energies of the system, imparts tone and vigour to the circulation, and its effects are soon discovered upon the secretions. A practitioner of high respectability in this city, stated to me a few days ago, that he had employed the sulphate of quinine in a number of cases of low typhus: more particularly where the bowels and skin were greatly relaxed—and that he had found invariably a speedy check given to diarrhœa in such cases; "at the same time, warmth and vigour of circulation would be diffused throughout the system, with an equilibrium of the circulation." In cases where there was a relaxed skin with profuse perspiration, the sulphate of quinine in grain doses, every two or three hours, was, under his observation, equally effectual in giving check to it, and of imparting warmth to the skin, and general vigour.

If too much excitement be thus produced, the quinine should be suspended, and the patient treated according to the circumstances which may then attend his case. The occasional interposition of the sulphate of quinine, in the treatment of cases of low typhus, will invigorate and prepare the system for the further administration of purgatives, should they be necessary.

*Of mercury.*—Among the changes which have occurred in the use of the different articles of our materia medica, no one is more striking than that of mercury. When this article was first employed as a remedy in disease, it was used with great caution, and only as an external application in the form of an unguent. After it was discovered to be an antidote to the venereal disease, it was used more boldly, particularly in that obstinate and (previously) dangerous disorder. It was at length employed in small doses, as a last resort in fevers, and desperate acute diseases. The practice among physicians generally in all countries, has been, until within a few years, to give mercury in small doses as an alterative.

The practice of the celebrated Rush, of giving calomel in ten grain doses, combined with jalap, in yellow fever, was then thought a bold use of this article. But of late years, several practitioners in this country and in Europe, have ventured upon a much bolder use of calomel in various diseases; and some contend that its operation in doses of fifteen

or twenty grains, is milder than when used in smaller doses. Dr. Cartwright, of Natchez, remarks, "I have seen in my practice worse effects from twenty grains of calomel divided into twenty parts, than I ever did from twenty doses, each twenty grains." Dr. C. gives calomel in ℈i. doses in syphilis in all its forms, in bilious remittent fever, and in some other disorders. He himself took ʒij. at two doses, in an interval of two hours, when seized with violent constipation, attended with great pain and vomiting. It had the effect of allaying all pain in a few hours, after which he fell asleep. In the morning, after riding ten miles, it operated upon the bowels, producing a single copious dark coloured stool, which terminated his disease. He had been subject to these attacks, and the cure had, before this, usually occupied a week; and he thinks this last attack the most severe he had suffered. To a child four years of age, labouring under a desperate attack of cynanche trachealis, after every thing had been tried in vain, and it appeared probable it could live but a few hours, he gave one hundred grains of calomel, with three of tart. antim. at a dose. It produced but one evacuation, which was copious, black, and bilious. In twelve hours, he repeated the dose of calomel, *one hundred grains;* in twelve hours after, he gave forty grains more; in another twelve hours, twenty grains, and afterwards ten grains more. These large doses acted decisively upon the secretions generally, and the child recovered "without a sore mouth." When the Doctor made his valuable communication, there was not "a healthier, heartier child" in Natchez.* Armstrong and Johnson recommend calomel in large doses, in the treatment of acute diseases. Large doses, frequently repeated, are found to be the best remedy for the cholera of India. Dr. Miner, of Connecticut, recommends very highly calomel in "full doses," in the treatment of typhus, more especially during that stage of the disease, which he terms the "stage of preparation."

During the prevalence of jail fever at Bellevue, in April, 1825, in consequence of the illness of both the resident and visiting physician of the establishment, Drs. Joseph M. Smith, and Isaac Wood, of New York, were appointed by the city authorities, to take charge of the fever cases at the penitentiary.

The fever of this season, assumed rather an asthenic diathesis in most cases, and but few would admit of the use of the lancet, except very sparingly in the early stage of the

* See Medical Recorder, vol. viii. 1825.

disease. These gentlemen adopted the practice generally of giving calomel in from five to ten grain doses, once or twice in twenty-four hours; and after permitting it to remain in the stomach and bowels from four to eight hours, they usually followed it by some gentle cathartic, such as castor oil, rhubarb and magnesia, Epsom salts and magnesia, so as to procure three or four evacuations every twenty-four hours. This practice proved very successful, as after its adoption, but few cases terminated fatally. In the course of four or five weeks, the new fever hospital was put in a condition to receive the prisoners, and the sick were removed to that building; in consequence of which, together with the discharge of a number of vagrants, the fever was subdued in the prison, and Drs. Smith and Wood discontinued their attendance. In six weeks after this, cases to the amount of 150, of a similar type of fever, occurred in the alms house, bridewell, and the confined streets of the city, and were received into the fever hospital. These cases were treated by me, in consultation with the resident surgeon. We adopted a plan similar to that pursued by Drs. Smith and Wood, with the like success.

During my attendance at the New York hospital, in the months of September and October of last year, numerous cases of fever of different types, were received into that institution, from different parts of the country. Several of these cases occurred in seamen from southern parts, and assumed a character of a high bilious cast, some even bordering upon *yellow fever*. Several were cases of marsh fever, in labouring men from the interior, who had been employed upon the Morris canal in New Jersey, and in marshy districts in the state of New York. A number were cases of typhus, from among the poor of the city and neighbouring country.

In many of the cases, the lancet was deemed necessary; and in some, emetics and blisters were found serviceable; but in all, calomel in full doses was used in the course of the treatment. In some of them of a very malignant character, I used calomel in ʒss. doses, once, and sometimes twice, in twenty-four hours; followed by some other cathartic after a lapse of six or eight hours, until free evacuations were procured. It was a common practice with me to prescribe it in fifteen and twenty grain doses. In addition to the calomel, followed by purgatives, other means were used, as the warm bath, blisters, diaphoretics, &c. according to circumstances. Under this course, cases recovered which were very malignant, and some which were to all appearance desperate. Calomel in

full doses, (ten to twenty grains,) produces an impression in fevers, which cannot be accomplished by any other single or combined cathartic. It excites more surely and generally, the secretions, than any other, and with less expenditure of the energies of the system. The liver, pancreas, stomach, and bowels, all inactive or paralyzed, are at once aroused by its resistless impulse; which is immediately manifested by the consistent discharges which always follow its administration in full doses. And the effect is not confined here.—The skin and kidneys, if not excited by the calomel itself to increased secretion, are more easily acted upon by diaphoretics and diuretics, through its influence. While other cathartics, with various efficacy, bring away watery discharges from the stomach and bowels, which exhaust the strength of the patient, without striking, as it were, at the seat and foundation of the disease, calomel acts specifically upon the liver, spleen, pancreas, &c. re-animating the suppressed functions of these organs, without which, very little is gained over diseased action. If an action can be thus maintained upon these organs, the progress of the disease may surely be kept within safe limits, the equilibrium of the circulation restored, and a final solution of febrile action produced.

The favourable effect of calomel in full doses, followed by other cathartics, may be observed in the appearance of a clammy secretion about the mouth and fauces. I have often observed within twelve hours after the exhibition of ten or fifteen grains, a viscid secretion and moisture about the tongue and fauces, in cases where there before existed a complete husky dryness of these parts. A second dose would produce a moisture, whitening, and softening of the edges of the tongue. The daily continuance of the practice, discovers the change in the appearance of this organ, proceeding from the root and edges, to the centre, and finally the apex (which shows the evidence of diminished secretion longer than any other part of the tongue,) becomes moist, soft, and of a natural complexion. In some very obstinate cases, I have remarked, that this moisture of the edges of the tongue, was maintained for many days in succession, by the daily administration of calomel, without any thing, apparently, having been gained; when, finally, the redness and dryness of the organ would begin to yield more and more, until the whole would assume a softness, with moisture, and a pale natural hue. At the same time, the secretions, in general, would be more unlocked, by the same degrees, as the change in the appearance of the tongue, until a general restoration took place, with a more or

less complete crisis. It is often several days after the restoration of the secretions, before the pulse comes fully down to the healthy standard in frequency; and until this point is gained, there is not much improvement of the appetite. Under these circumstances, tonics are seldom necessary, and I am confident, from my own observation, that, in the majority of cases, the patient does better without them.

*As an alterative.*—Calomel in full doses, while it slowly purges, acts also as an alterative; and this more surely, than when administered in small doses for that express purpose. And while we obtain its alterative effect to the fullest extent, we rarely witness the inconvenience of a profuse ptyalism. A slight tenderness of the gums and glands of the throat, with a moderate flow of saliva, is all I recollect to have ever witnessed from calomel in full doses. I have invariably observed this symptom, followed by an abatement, or speedy solution of all fever; and I am satisfied, that when calomel thus administered, produces this slight ptyalism, its further use in the same case is entirely unnecessary. We have rarely discovered any swelling of the throat and face, from the slight ptyalism thus induced.

Dr. Armstrong remarks, in regard to the use of calomel in idiopathic fevers, after the system has been prepared by bleeding, if necessary, and purging, "calomel should be so managed as to produce its specific, as well as purgative influence." Again, he says, "the shortest and most certain way of procuring the specific, is through the purgative operation of calomel, for the high excitement resists the agency of calomel, and the intestines are usually so lined with morbid mucus as to prevent its absorption, unless the mucus be brushed away by purging from the mouths of the absorbing vessels. One large, or two tolerably free doses of calomel, therefore, may be administered in the day, followed by some other aperients to induce plentiful evacuations before bedtime; while, to accelerate its more complete absorption, during the night it may be given in divided doses, combined with opium, where there is pain in the chest or belly, or much general irritation."

Dr. Cartwright has the following remarks, upon the phenomena the system presents under the influence of *large* doses of calomel.—"These phenomena are an increased secretory action, not in one organ alone, but in all (or at least many,) secreting organs of the system. Hence, the secretions *of no one particular organ can be very profuse*, when *all* the organs are preternaturally excited. Smaller doses act

more directly on one secretory organ—that organ is the *liver*. And the secretion of bile is very profuse, because no organ but the liver is preternaturally excited."

We have had little experience in the use of calomel combined with opium, in typhus fever, agreeably to Dr. Armstrong. We have, however, frequently given a portion of the tr. opii. at bedtime, particularly when there was much restlessness, and not much affection of the head, and with the happiest effect. Further experience may induce me to venture more boldly upon this practice.

The time we have generally chosen for the administration of large or full doses of calomel, is at bedtime, and early in the morning, when there is the greatest remission of fever; and then to exhibit some aperient, as castor oil, rhubarb and magnesia, rhubarb and senna, or magnesia and Epsom salts, in divided doses, so as to obtain free evacuations during the afternoon and forepart of the evening, when the fever is highest. By this method, we take advantage of the greatest relaxation of the system, when calomel more surely produces its alterative effect. And again, by procuring catharsis, near and about the time of the height of the exacerbation, we both moderate the excitement, and shorten its duration.

*Alkalies.*—The alkalies were in use among the ancients, and perhaps more extensively, than at the present day. They are used among the moderns internally, as anti-acids, anti-emetics, and correctives chiefly. Whether they have been used at any period since their introduction as a *febrifuge*, my limited reading does not enable me to say. But I feel confident, the medical world does not at the present day, if it ever did, duly appreciate the value of this class of remedies.

*Ammonia* has been more particularly used among practitioners in the low stage of typhus, and no doubt many physicians rightly appreciate its properties. In cases where the employment of other stimulants may be questionable, from the apprehension of some local inflammation, yet if the powers of the system seem to be much prostrated, the carbonate of ammonia may generally be employed with safety and good effect. It excites the languid energies of the nervous system, increases the force of the pulse, diffuses warmth where it is deficient, and tends directly to equalize the circulation, by acting upon the secretions, without aggravating the local symptoms by its stimulant effects. The reason is manifest; for while it excites the nervous system, it determines to the skin and kidneys, at the same time, counteracts acidity of the stomach. Thus any increased action of the sanguiferous

system occasioned by its use, is more than counterbalanced, by its increasing the secretions of the skin and kidneys, and equalizing the circulation. During the stage of collapse, and when there is subsultus tendinum, with great prostration of strength, feeble pulse, and cool skin, and even in some cases where the peculiar typhus heat was present, we have given the carb. ammon. in doses of from five to fifteen grains, every two or three hours, and with the happiest effect. It is, indeed, a *stimulus*, but its action is entirely different from that of alcohol. It invariably tends to cool the surface when preternaturally warm, while at the same time it arouses the languid energies of the system. The eye loses its heavy, vacant cast, and acquires more expression and brilliancy; the pulse becomes slower, fuller, and more uniform in its beat; the tongue moister, the countenance clearer, and the muscular strength somewhat increased. Armstrong was in the practice of employing this stimulus in typhus, and speaks favourably of its efficacy. Many American practitioners, have also been long in the habit of prescribing the carbonate of ammonia, in low cases of typhus.

*Potassa.*—This alkali, unlike the former, has properties, when properly administered in fevers, which appear to be but partially, if at all, recognised. We have been in the practice of employing it, more or less, for the last ten years in fevers, under particular circumstances, as sickness of stomach, vomiting, &c. But for two or three years past, we have used it regularly in fevers throughout the stage of excitement, and we cannot too highly recommend it to the attention of the profession. We consider the common salt of tartar, the best preparation. Our practice has been, to give from three to five grains, every one or two hours, throughout the day. It should not be given within an hour of the exhibition of calomel, as it converts that preparation into the black oxide.

The effects of this medicine upon the system, are discoverable upon the stomach, the kidneys, and the skin. Upon the stomach, by its counteracting acidity, alleviating nausea, and the burning thirst, which is too often aggravated only by the use of the vegetable acids, however grateful they may be to the taste. The salt of tartar also alleviates that indescribable and distressing sensation in the stomach, which often attends fevers, particularly of the typhus form. It seems to promote a secretion from the whole mucous coat of the throat, œsophagus, and stomach; the dryness of which probably occasions, in a great measure, the sensation alluded to above.

The salt of tartar determines to the surface. In its effect

upon the cutaneous secretions, it differs from all other diaphoretics with which I am acquainted. There are others, whose effects are more immediate and copious; but, like drastic purgatives, they promote copious watery discharges, which exhaust the strength, and often without abating the heat, or controlling the violence of the paroxysm. The salt of tartar, on the contrary, produces a softening of the skin, with a gentle diaphoresis, more nearly resembling a healthy moisture of the surface.

The diaphoretic most in use in this city, and which is almost certain to have the desired effect of promoting a free discharge from the cutaneous exhalents, is the spiritus mindereri. I have often witnessed its effect upon the surface in fevers, and though it has many advocates of high authority, yet I, for one, have abandoned its use. If my observations be correct, it generally, if not always, promotes a very *limpid* discharge, which stands in drops upon the face and superior parts of the body, where the circulation is most active. This discharge is much thinner than healthy perspiration; and we have often seen it profuse under the use of this medicine, while the surface underneath was burning hot, and the rapidity of the pulse unabated. This is somewhat the case with several other preparations used as diaphoretics, though in a less degree. The salt of tartar, on the contrary, produces a gentle moisture, with a softening and viscidity of the surface, while at the same time the temperature abates, and the pulse feels its influence. The effects of this diaphoretic, unlike most others, is perceptible first upon the extremities, particularly the legs, if they be covered in bed. Upon questioning my patients on this point, they have given me the most satisfactory testimony, that a moisture and softness became perceptible to their feelings upon the legs and thighs, even before it could be detected by the hand of another. I myself, have also experienced the same effect under its use. The moisture extends up until it pervades the whole surface of the body. I think it tends more to equalize the circulation than any other medicine of the same class.

Potash in the proper stage of typhus, is to the skin, what calomel in full doses is to the bowels. The latter produces gentle evacuations of consistent discharges, in direct imitation of the natural secretions concerned in the alvine discharges. This operation, instead of exhausting the strength of the system, by the production of profuse watery discharges, without affecting the natural secretions, (as in the case with saline cathartics, jalap, and other drastics,) arouses the ener-

gies of the system from the oppression occasioned by arrested organic secretion, thus striking at the root of the disease, and in a degree setting those secretions at liberty. I say, in a degree—that is, the first doses; while, by a continuance of the practice, with the other co-operating means proposed, they become completely restored, and a solution of the fever with returning health ensues. In like manner, the salt of tartar, instead of producing a profuse perspiration, which debilitates without counteracting febrile action in a proportionate degree, produces an effect not dissimilar to exercise upon the healthy system, exciting a moisture, and at the same time, a softness and coolness of the surface.

The desired effect depends much upon the mode of exhibition. Small doses, administered at short intervals, are safest to the stomach, and are at the same time best calculated to keep up a steady and uniform effect. The following formula will be found convenient for these purposes:

℞. Sal. tartar. ʒiss. ad ʒij.
Aquæ distil. ℥iv.
Sacchar. com. ʒij. ad ʒiv.—m.

If desirable, a few drops of the essence of peppermint may be added. A tea spoonful of this solution, containing three or four grains of the salt of tartar, may be given, mixed in any of the patient's drink, every hour during the excitement, and every two hours during the remission. Should it excite profuse perspiration, the quantity may be diminished, as the object intended is, a gentle moisture and softening of the surface.

Salt of tartar also affects the kidneys.—There is not a more uniform consequence of fever than arrested and altered secretion from the kidneys. This we have before remarked. A solution of fever is always preceded by a restoration of the healthy and free secretion of these organs. The difference in the quality of the urine secreted in fever and in health, I have never tested, further, than that the former does not contain the mucus peculiar to the latter, which is evident from the deposite of a sediment after standing. It might be an important acquisition to our pathology of fevers, as well as to our skill in treating them, if some able person were to devote sufficient time to investigate thoroughly, the altered secretion from the kidneys in this disease.

The salt of tartar as certainly occasions an increased flow of urine, as of perspiration; not a copious, but a gentle increase, which is generally continued as long as the medicine is used.

Thus three important changes in the state of the system are produced by this article, upon the stomach, the skin, and upon the kidneys; these changes are an approximation to a healthy state; and they are produced without occasioning any debility. It is no small recommendation of this substance, that it has not the offensive and disagreeable taste peculiar to most others; nor does it occasion any sickness of stomach, but, on the contrary, it relieves this symptom when it exists, and almost invariably produces an agreeable change in the sensations of this organ.

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ART. II.—*Observations on Dysentery.* By WM. HORTON, Jun., M. D., of Goshen, Orange County, New York.

THE subject of dysentery is one of importance. This is true when we view it simply as a disease of frequent occurrence, and it rises in importance when we become acquainted with the fact, that it still constitutes one of the great outlets of human life. This subject is important in another sense. It is admitted that in most cases the disease is not necessarily fatal. Why then does it terminate so many lives? the answer is plain. There is no settled method of cure, or if there is, it is not generally followed. The plans of treatment are almost as various, as the seasons and districts in which it occurs. It appears to me, that there is scarce a disease, which has been so long known, about which there is so great practical difference of opinion. To what cause is this to be ascribed? Are the phenomena of dysentery enveloped in so much mystery as to elude our research? I think not; but it is to other causes that we must look for an answer to the inquiry.

One source of mistaken views on dysentery, has arisen from the manner of studying the disease. Writers on this subject, commence in a formal manner, and exhaust all their ingenuity and research in collecting a history of the disease from the earliest times, and in giving a minute detail of the successive theories which have prevailed.

Others again give us a long list of opinions on different points, collected from authors, forgetting, that we are all at liberty to read those opinions for ourselves—and that a work requires something more to recommend it, than merely embodying into it the opinions of all former writers on the subject. But the heaviest ground of complaint, is still to be named. When writers arrive at those points in pathology

and practice, which most need elucidation, because on them rest the correctness of our prescriptions—they elude responsibility altogether. They indeed set down a host of remedies with which to combat the disease; but the modus operandi, and the correctness of the remedies upon pathological views, are entirely overlooked.

They all appear eager to avoid these cardinal points. Hence, their theories, being unsatisfactory, or only partial, soon descend to "the tomb of all the Capulets."

Practical experience, attested by a list of successful cases, has become so abundant and cheap, that its exhibition in this paper has been generally omitted. To write over again what has already been written a hundred times, would be an insult to the profession. I have not attempted to write a full treatise on dysentery, for I conceive, that in ordinary cases, the symptoms of the disease do not require to be written over in this place. I have set down my thoughts on some points, in a manner that I hope will be intelligible; generally adding some of the hints which led to their adoption. Had I consulted my inclinations, I should have been more full and explicit on some points, and should have introduced others which have been altogether omitted. But I preferred the risk of writing too little, to the certainty of writing too much. Moreover, I have written without consultation, not that I disregard the writings of others—they are already before the public; and unless a man has something new to offer, or at least, can place his subject in a new or stronger light, he ought to remain silent. Public good requires this course.

It is much to be regretted, that physicians have consumed, unprofitably, so much time in searching for a specific remedy for this disease. It is time that this expectation should be abandoned, and for ever. Let it no longer retard our inquiries, or obstruct a rational method of cure.

In the following pages, I have endeavoured to inculcate the doctrine, that dysentery is not a local, but a general disease; and that it must be treated on general principles. It is this plan alone which can harmonize the opinions of medical men, and render their prescriptions more generally successful.

In a nosological arrangement, I class dysentery among those diseases strictly called fevers. My reasons for this, may be gathered from what follows.

*Causes of dysentery.*—Some attention to these may shed light on the nature of the disease, and assist us in forming our curative indications. Whenever this disease prevails,

so as to become very interesting to the physician, it is epidemic. It is admitted that there are some circumstances in the state of the air which favour the production and extension of epidemic diseases; but, hitherto, a rational explanation of these circumstances has not been offered; and from the obscurity of the subject, and the difficulty of making accurate and satisfactory experiments, perhaps never can be. This, however, is less to be regretted, since the atmosphere is without our control, and therefore the explanation could be of little practical value. It is true, however, that great atmospheric vicissitudes, from hot to cold, or from dry to wet, are strong predisposing, and sometimes exciting causes of dysentery. For at the season in which it is most prevalent, whatever suddenly interrupts perspiration, and forces an unusual quantity of blood upon the internal parts of the body, will favour the production of the disease. This of itself may be, and often is, sufficient to produce such a state of the abdominal viscera, as exists in dysentery; but at the same time it must be confessed, that the disease prevails epidemically at times, and in seasons when such atmospheric circumstances neither do exist, nor have existed within any given time previous to its occurrence.

Experience has proved, that this disease is most prevalent and severe at the time when the effects of summer heat are most sensibly and fully felt. Now the organs which suffer most from the effects of heat, are the liver and its appendages, the spleen, the stomach, and intestines. This assertion I think will not be questioned. It admits of rational explanation. Throughout summer, heat and exercise excite and maintain an increased vascular action on the surface of the body, and consequently an unusual determination of blood to the same part. In other words, the internal parts of the body are robbed of their due share of blood, to furnish an undue supply to the surface. What are the effects of this determination to the skin? Large quantities of the fluids are thrown off in the form of perspiration. The quantity of aliment and drinks taken in, is scarcely adequate to support this rush of fluids towards the surface, and its consequent waste. Now, as it happens in fevers, the absorbents are excited into action. They, by taking up part of the fat deposited in the cellular membrane, supply the deficiency of fluids, which had been caused by excessive perspiration. This explains the very general diminution of the bulk and weight of body in summer. But further, by the augmentation of vascular action upon the surface, the healthy balance of arterial

action is broken, and the equal distribution of blood interrupted. The energies of the system being directed to the surface, as a consequence, the functions of the chylopoetic viscera are not well sustained, and digestion becomes impaired. This satisfactorily explains the gradual diminution of the appetite for food, which is so universal at the time when heat is most felt. If, then, during summer, and the early part of autumn, vascular action is excessive on the surface, and deficient in the viscera, the latter must be in a state of debility. And the manner in which changes in the air induce disease in the debilitated viscera, I explain in the following manner.

Cold or moisture suddenly succeeding a warm dry air, will suppress perspiration, and repel vascular action from the surface; and now, unless some other secretion is suddenly augmented, disturbance in some part of the system must follow. It is true, that diuresis or diarrhœa sometimes succeeds suppressed perspiration so suddenly, and largely, that some people by these judge whether they will be injured by sudden changes in the weather or not. But in general this does not happen. The saline materials of the blood which had been passing from the skin, are all retained; and the equilibrium of the circulation is not restored. The debilitated viscera of the abdomen, instead of receiving their due share of the circulating mass, in conformity to the unalterable laws of the system, now receive too much. Their present state of debility, renders these organs totally unable to dispose of this sudden accumulation of their contents. Congestion or inflammation is the consequence. The laws of the system, of which this consequence is an illustration, is too obvious to need comment.

This congestion or inflammation, must differ widely from those which are the result of accident, or violence done to a part, during a healthy state of its functions. For if disease is communicated to organs in this condition, whether it be an inflammation or a fever, it will manifest, what in the old language was called, a "vitiated state of the fluids:" or, in other words, if fever is kindled up, whatever its type may be, it will not display that elevated grade of vascular action, which is produced by fever in ordinary circumstances. A recurrence to what has been said, will satisfactorily explain one of the distinctive characteristics of the worst form of dysentery, viz. its low grade of vascular action. A like recurrence to what has been said, will account for the relief afforded by cathartic medicine; for it is applied directly to the seat of the

disease, and by unloading the engorged vessels, directly relieves the inflammation.

*Exciting causes.*—These are various. Contagion, however, is more prevalent than all others. I am aware, that the contagion of dysentery is denied by some, and by a few ridiculed. But it is deemed quite superfluous to enter into any argument with those, who have been conversant with true dysentery, to prove that it is highly contagious. This is often true even in what is denominated the pure air of the country. Its contagion, however, is controlled and modified by circumstances. To render it very active, neglect of cleanliness, confined air, &c. are generally necessary. At the same time, I am bound to admit, that it is often communicated where none of these circumstances could be detected. Its communication from one individual to another, and from one family to another, can often be as distinctly traced, as that of measles or small pox. In a word, its laws of communication are similar to those of typhus, except that they are operative in a far greater number of cases. It ought, however, to be observed, that the above remarks on contagion, are applicable to one species of dysentery only.

*The season of its prevalence.*—For the reasons before assigned. The latter part of summer, and early part of autumn, are the seasons when it is most frequent and severe; cold weather arrests the progress, not only of dysentery, but of bowel complaints generally. Why? because, although the sudden effects of cold on a debilitated body are unhealthy, yet steady cold weather invigorate and strengthen every part of the system. And although cold suppresses perspiration, and in winter the quantity of this discharge never equals that of summer, yet this deficiency is measurably compensated, by a larger quantity, and a more saline state of the secretions from the kidneys and lungs. Dysentery, however, occurs in winter, but not frequently.

*Persons liable.*—No age or sex is exempt. I am unable to designate any temperament or habit of body which is attacked oftener than others. Perhaps fewer middle aged men have the disease, than an equal number of any other age. I say, perhaps; for on account of business, they nurse less, watch less, are less under the operation of fear and debility, of course less exposed to its contagion.

*The seat of the disease* is generally in the large intestines. This is known by the symptoms, and especially by post mortem examinations. Sometimes, however, the small intestines are first diseased.

*The terminations* of dysentery are various. Among them are *resolution*, *ulceration*, and *gangrene*. The latter generally happens where the disease terminates fatally.

*Symptoms.*—There is generally so little difficulty in identifying the disease, that it is needless to enter into detail on this head. The symptoms of dysentery are comprised under two classes, the general, and the local. These may both occur together, or one may precede the other. It is believed by some, that the disease may consist of the local part, and terminate with it. If, however, constitutional effects did not follow, I should scarcely call such a state complete dysentery.

There are two species of dysentery, *sporadic*, and *epidemic*. I am unacquainted with any better terms by which to designate them, at the same time I confess they do not quite express my views. These terms, when applied to most diseases, are in general well defined and understood; but when applied to this disease, their meaning is rather ambiguous. During the prevalence of the epidemic species, I have seen cases which should be considered as sporadic. They also differ in other respects.

*Sporadic dysentery.*—This exists in solitary cases—seldom more than one in a family; though many may exist in a square mile. In this species, the local symptoms are first developed. Often a simple diarrhœa, in some cases gradually, and others suddenly, assumes the features of dysentery. The appearance of the intestinal discharges are too well known to need a repetition; I would only observe, that absence of fæces from the discharges, is one of the strongest evidences of the presence of the disease. Sooner or later, after the formation of disease in the intestine, there occurs an accession of fever. This is preceded by chills, which are seldom violent. These are soon followed by re-action, dry hot skin, and suppressed secretions. In a word, the garb of the fever is the synochal. This characteristic is distinctive.

*Diagnostics* of sporadic dysentery. Local symptoms appearing first. Type of the fever synochal. It is not contagious. The local symptoms being the most stubborn part of the disease; and considerable re-action.

The above phenomena sufficiently distinguish this species of dysentery. It is remarkable, that in this species, the intestinal symptoms are first developed, and they are the hardest to subdue. For when they are overcome, the fever soon yields to the powers of the system.

*Epidemic dysentery.*—This is always a serious, and it might be added, a dangerous disease. The unassisted powers

of nature are seldom adequate to its cure. In this species, contrary to what happens in the former, the constitutional symptoms first appear, and their unyielding nature constitutes a strong distinctive mark of true dysentery. I believe it is a general law of contagious fevers attended with local affections, that the fever has the *precedence* in point of time. An attack of epidemic dysentery, is often preceded by various premonitory symptoms, which it is unnecessary to enumerate. Often a moderate chill is the first distinct indication of disease; when this is over, the disease in the bowels is slow in making its appearance, and re-action is either wanting entirely, or is very feeble. The fever so clearly precedes disturbance in the bowels, that more than one of my *medical friends* have been deceived in their own persons, as to what disease would follow the attack. Even after the disease is fully formed in the bowels, this species is distinguished by a deficiency of re-action in the arterial system. This is not overcome by the free vomiting which so often attends. The skin throughout the disease is singularly cold, pale, harsh, and dry; circulation in the extremities languid; pulse at the wrist quick and feeble; the tongue early becomes yellow, brown, or black. The dejections require no description. The vomiting often lasts as long as life exists, and constitutes one of the most distressing symptoms.

The fever is *very generally remittent* in its type. I have not made the last assertion without long and careful observation and reflection, and the result is a firm conviction that even epidemic dysentery is seldom, if ever, accompanied by typhus fever at its commencement. Nay, further; if the disease were left to run its course uninterrupted, it would seldom assume a typhoid form; and where the treatment advised in the following pages is followed, the mental faculties will be found remarkably calm and clear, through the whole course of the disease; and when it terminates fatally, it will rather resemble a gangrene of the intestines, than a typhus fever. I have not dissented from what has ever been the popular doctrine on this point without due reflection. I shall, however, recur to this point hereafter. I have rather named some of the diagnostics, than given a description of this species of dysentery. I have done so, because the common appearances of the disease are too well known to require description.

*Vomiting* is proverbial in diseases of the intestines. In dysentery it is owing partly to the general febrile state, and partly to the seat of the disease.

*Pain* is owing to several causes, to inflammation, to spasm, to contraction, or diminution in the diameter of the intestine, to scybala, in or above the seat of the disease, to the fruitless and violent efforts of the abdominal muscles and bowels to evacuate. I use the term spasm without hesitation; for the muscular coat of the intestines is capable of being excited into spasmodic action. But the nature of the changes which take place in the diseased part, is what is most desirable to be known.

It is admitted, that inflammation exists at the diseased part of the intestine. Now the nature of inflammation is such, that when it attacks secreting organs, or secreting surfaces, if it act only as an irritant to the part, it will alter the secretions from that part, and when the inflammation is fully established in a secreting organ or surface, its uniform and constant effect is, to diminish, or entirely suppress its secretions. Hence, the dryness and hardness of the fæces. Hence, the difficulty of cathartic medicine passing the diseased part; and hence, also, the relief they afford, being detained longer at the diseased spot, they recall its secretions, before they can pass it, and by so doing, relieve pain, spasm, costiveness, and the inflammation itself, by unloading the distended vessels. No argument is required to prove, that the whole surface of the intestinal canal is a secreting surface, or if inflammation exist in this surface, secretion is suspended. If, then, the local part of dysentery consist in inflammation, why does it not assume the ordinary form and character of enteritis? I answer: Enteritis is seated in the muscular and cellular coat of the intestines; and these may be, and sometimes are, secondarily affected in the progress of dysentery. The latter, however, has its primary seat in the *mucous*, or *secreting coat.* This fact is cardinal. It is this which gives to the disease its peculiarities. No part of pathology is better established than this, that inflammation differs in its symptoms, progress, duration, and termination, according to the structure and functions of the part diseased. This species of dysentery is highly *contagious.* But it will be objected, that remittent fever cannot be contagious. I will only answer to this, that some contagious diseases are attended with *inflammatory* fever, witness measles, whooping cough, &c. The foregoing remarks are strongly corroborated by the effects of our best remedial agents. Without naming other causes for its appearance, would not the peristaltic motion of the bowels be sufficient to produce the blood from vessels in such a condition?

We therefore arrive at the conclusion, that the peculiari-

ties of dysentery, are to be looked for in the structure and functions of the part diseased, and in the nature of the attending and *governing* fever. It is difficult, accurately to delineate the boundary line between the local and general affection, and to assign to each its proper share in the production of the disease. It is equally difficult to decide positively, whether the one, or the other, holds the governing agency. It is doubtful whether the disease in the intestine alone would ever be contagious; and it is certain, that the fever alone would never constitute dysentery. We cannot admit the existence of two diseases, and hence the difficulty of assigning the proximate cause. We are fully convinced, that the fever and local disease do not stand to each other, as cause and effect; but seem, if possible, to have a nearer and more simultaneous relation. At this point, our researches must rest. Although there is a demonstrable difference between the two parts of this disease, which I have denominated the general, and the local, the one cannot exist without the other; or, they each exert a reciprocal agency upon each other, and upon the system. The result of the two combined, as it is presented to our senses, is what we call *dysentery.*

*Treatment.*—Many cases of sporadic dysentery are mild, and readily yield to cathartic medicine of any kind. Other cases, however, are violent. In some of these, the skin is hot and dry, and the pulse full and strong. In these, *bloodletting* is strongly recommended by many practitioners. I have used the lancet in this situation, and I am bound to say, that its use may be safely omitted in a state of the skin and pulse, which in almost any other disease would imperiously demand it. I cannot be positive, that after a free use of the lancet, one dose of physic less is required to cure the disease.

*Emetics.*—The same objections may be urged against these, that have been made to the lancet. In general, the cure may be commenced by administering to an adult, a powder, composed of five or six grains of calomel, and two, three, or more, of ipecacuanha, according to the ability to retain the latter article. This quantity is to be repeated every two hours, until a free cathartic effect is produced. The patient is not to take one or two powders, but until they operate. The evidence of operation is to be abundant stools, altered in qualities and appearance from the spontaneous discharges. After a free operation, give ten grains of pulv. ipecac. comp., every two hours, until perspiration comes on. Repeat this course daily, and the disease soon yields. When

once a command of the bowels is obtained by ipecacuanha, there will be little use for opium.

To the facility with which this species of the disease may be cured, are to be ascribed the many never failing remedies which have been fashionable for a time, but have all failed, when applied to the cure of *epidemic*, or true dysentery. This, it should be remembered, is contagious; and when fully formed, it is not often that it can be suddenly cut off. Here blood-letting is absolutely inadmissible, so also are emetics. Vomiting continued ever so long, will neither warm the skin, nor elevate vascular action. If spontaneous vomiting exist, and it often does, a little carbonate of potass, soda, or ammonia, will restrain it long enough to enable you to exhibit cathartic medicine. The latter, with a single exception hereafter to be named, should be administered in all cases, and in all stages, without regarding the pain and griping, however severe they may be. The chief requisites in the physic are, that it be active, and its effects durable. Circumstances will direct the choice. If no vomiting is present, begin the treatment with the combination of calomel and ipecacuanha, as in the former species. If the first two or three doses do not excite vomiting, the succeeding ones generally will not, and a purgative effect will soon follow, affording great relief. You have now only to lengthen the intervals between the doses, so as to maintain a constant but moderate effect. If the ipecacuanha does not open and warm the skin, occasionally interpose a full dose of Dover's powder, and give plenty of warm drink. Where the above course can be fairly followed, there will be little need of any other medicine. But it must not be concealed, that in a majority of cases of epidemic dysentery, vomiting, if it does not arise spontaneously, is so easily excited throughout the disease, that the stomach will not bear a single grain of ipecacuanha. It is rather unfortunate, that ipecacuanha given in large doses, in some diseases, will barely empty the stomach in the most gentle manner; yet in this disease, even in minute quantity, it will often excite vomiting, both violent and long continued. Cathartic medicine of some other kind, must therefore be substituted. The following, in the form of pill or powder, is recommended as being well suited to all stages of the disease. Equal parts of calomel, rhubarb, and aloes, say two grains of each to a pill, or six grains of each to a powder. For infants, calomel and calcined magnesia, or the above powder is a suitable medicine. To an adult, give three of the above pills, and then one every hour. By this means, an early operation, which

is of great consequence, will be secured; then, by giving a pill or two occasionally throughout the twenty-four hours, and throughout the disease, you will maintain the advantage that has been gained. Some of the early beneficial results of this course, and this medicine, will often be a discharge of scybala—in most while its operation is maintained, a suspension of mucous and bloody dejections; and in their place, plenty of yellow, green, or black fæces—relief from pain and tenesmus, with little or no opium. Certainty of its operation, it does not excite vomiting—thorough operation, that is, it does not cause fluid evacuations, and leave the hardened fæces still in the intestine. Cases have frequently occurred, where improper cathartic medicine has been used, the thin contents of the bowels have passed these hard masses for many days without dislodging them. Here how incalculably was the pain, tenesmus, and danger increased and prolonged by this circumstance, which might have been easily obviated by a more favourable action of cathartic medicine. Further, do not cases occur where this accumulating mass of fæces is never moved until approaching dissolution by relaxing every fibre of the miserable tenement, affords them free exit without our assistance? Such cases need no comment. But to return; after the bowels have been well evacuated, continue to give the same pill or powder, as most convenient, at such intervals, as to procure one alvine discharge every four or five hours, throughout the duration of urgent symptoms. When this decided course is followed, the sub. mur. hydrarg. will seldom affect the mouth. But should this happen, omit the calomel, and give the rhubarb and aloes, equal parts made into a pill, so as to have as much cathartic effect as when combined with the calomel. Active physic is then to be given daily, until the disease yield.

*Blisters.*—In cases which have existed some days before subjected to treatment, the relief from the cathartic is of short duration. Pain and tenesmus soon return, and the abdomen becomes sore and tender on pressure. Now lay a large blister on the abdomen. In this situation they are decidedly beneficial. In very obstinate cases, a repetition may be necessary. Blisters must never interfere with the administration of physic.

*Opiates.*—It was said before, that at one period of dysentery, and but one, physic should not be given. This period is the very onset. At this time, opium is the surest medicine known to cut the disease off at once. For this purpose, it should be given in a large dose, sufficient to bring the system

completely under its influence. In this manner it will often succeed completely, especially if followed soon by physic.

This admits of explanation. When diseased action is beginning, or has but just begun, and the secretions of the diseased part are but lately interrupted or altered, a full opiate during its operation, suppresses altogether this newly excited action. It yields easily and completely, for it is not yet fully established; and the relaxation which attends and follows the exhibition of the opiate, affords the affected part, the best possible chance to resume its healthy functions.

In all other cases, (except, perhaps, in advanced pregnancy,) opiates should be given with extreme caution while the urgent symptoms of dysentery last, particularly the fever. I am aware that opium, or some of its combinations, holds a conspicuous place in the treatment of this disease. It is urged in favour of opiates, that they suspend diseased action, overcome spasm, procure sleep, and lessen pain; (all very desirable for our patients;) and that experience has demonstrated their safety. In opposition to all this, however, in bad cases, where the objection to their use is the strongest, and the call for them the most urgent, they often fail altogether in producing any of these effects, let the dose be what it may. If they have the desired effect, it is true they suspend diseased action. But let it be remembered, that the suspension of morbid action, and its removal or cure, are quite different events. It is worth serious reflection, whether giving opiates is not merely deferring to a later period of the disease, difficulties which had better be encountered before the vital powers are prostrated and exhausted beyond revival. During the few first days of several diseases, of which dysentery is one, continual pain, and want of sleep merely, will not exhaust the patient half as fast, as the continual operation of the causes which prevent sleep, whether these are active, or smothered by opiates. It is also to be remarked, that they generally increase costiveness. The belief of the sick in the soothing effect of opiates is so strong, that they willingly continue their use, even when they procure no rest. The argument drawn from experience to prove the safety and benefit of opium requires no answer. Is there not abundant experience to substantiate the most palpable absurdities which have ever found their way into the practice of physic. Finally, opiates lead to a system of treatment which still defers to a later and less safe period of the disease, the only effectual means of cure.

On the *contrary*, when the force of the disease is removed,

or in other words, when the cause is gone, and some of the effects only remain, opiates are valuable. But even at the close of the disease, and during convalescence, when the decided course above pointed out has been followed, there will be little use for them. Where there may be tenesmus, and mucous dejections during convalescence, opium cures them, simply by breaking up the morbid habits of the bowels. But even in this situation, I shall presently attempt to show, that their use is questionable, and that there are probably means better adapted to the proposed end. In addition to the common forms of opiate medicine, the following is a good one; sometimes succeeding when opium itself in a large dose fails. Camphorated tincture of opium and spirits of nitre, two tea spoonsful of the former, and a small one of the latter for a dose.

*Sudorifics.*—The effects of these in dysentery are always good. The state of the skin will afford the explanation. They equalize the unequal distribution of blood. They warm the skin, and lessen the determination to the bowels, and thereby directly abstract from the disease. They should, however, be interposed between the short intervals of cathartic medicine, or given in combination with it; and in no case whatever, be permitted to interfere with, or supersede its exhibition. The pulvis ipecacuanhæ compositus, is a good form of sudorific medicine.

*Enemata.*—Early in dysentery but little is to be said in their favour. Towards its close, clysters of linseed tea, or starch and laudanum, prove very serviceable.

*Warm bath.*—In the early periods of dysentery, this remedy is very valuable. The modus operandi has already been given.

*Regimen.*—It would be a useless waste of time to enumerate articles of *diet.* During the violent stage of epidemic dysentery, there are but very few patients who can be induced to eat any thing at all. For those who can eat, a light unirritating diet will unquestionably be best.

*Drinks.*—These are called for often, and they constitute the principal sustenance, until the fever declines. Plentiful dilution is very desirable. Not that there may be something to discharge from the bowels, for let patients drink what quantity they please, it will not pass the bowels without the assistance of physic. But given warm they determine to the skin, sustain the strength, promote all the suppressed secretions, and alleviate thirst. Those in common use answer sufficiently well, such as barley water, rice water, toast water, linseed tea, chicken water, tea, coffee, chocolate, &c.

*Sequela of dysentery.*—Of these diarrhœa is one. It is most apt to follow cases which have been long protracted, either from neglect, bad management, inefficient management, or the unyielding nature of the case. Another is a frequent discharge of thick-jelly like mucus, attended in some cases with pain, in others not. These affections are sometimes extremely obstinate, and left to themselves, last a long time. They must be the effects of local debility, following the previous excitement in the intestine; or they must be the remains of that excitement itself, not yet completely subdued. Many strong arguments might be introduced to favour the latter of these two opinions. The following are some of the remedies. Chalk julep, containing a little laudanum, enemata with laudanum, introducing a pill of opium up the rectum. The following are more valuable. Take one grain of opium, and two or three of rhubarb twice a day; or take a pill composed of one grain of opium, and two or three of aloes, once or twice a day, or simply an aloetic pill, once or twice a day.

Rheumatism and ophthalmia, are frequently the consequence of dysentery, but their treatment does not belong to this place.

It is right here also, to notice dysentery as it sometimes exists combined with intermittent fever. Treat it as if it were dysentery alone, until the dysentery is overcome, and then treat the fever by the ordinary means adapted to the case.

*Convalescence.*—It is generally supposed, that large quantities of bark and brandy are necessary in the treatment of epidemic dysentery. But the truth must be told. When they become really necessary in dysentery, the patient will generally die. I do not assert that brandy and bark are always fatal. On the contrary, they are often administered, and patients recover. So they do under all kinds of treatment, and under none at all. If patients sink suddenly, administer stimulus; but it will seldom save them. If you have been seasonably called, the treatment before advised, *will* prevent sudden exhaustion. If the pulse and strength decline gradually, give a small quantity of wine; but even this will rarely be needed until the disease is overcome. Then if much debility is present, give some of the vegetable bitters and tonics, with or without wine. The kind of wine will be pointed out by circumstances. As a bitter and tonic, colombo is a good one. It is, however, I assert with the utmost confidence, but a small proportion of cases, even of epidemic

dysentery, when well managed, that will require either wine or tonics.

Some of the prominent features of the disease under consideration, have now been detailed. But there are practical inferences and illustrations, not to be so lightly passed over, inasmuch as they place in a stronger point of view, the plan of treatment recommended in this paper.

In bad cases, patients have often taken cathartic medicine daily for a week, without having it operate. Nay, further, patients have often died with this disease, without having the bowels evacuated. This may appear a strong assertion, but I speak advisedly. The fact deserves serious reflection, and I would beseech every member of the healing art, to pause and consider it well. It may be owing to several causes—one ground of acception is, the misrepresentations of patients and nurses. They answer to your inquiry, that the physic has operated well—that it has operated harshly, &c. meaning nothing more than the griping stools of the disease. From the hour they begin to take cathartic medicine, they charge every dejection to this cause. Hence, the disagreeable, but indispensable necessity of inspecting personally, the alvine evacuations, and also of taking no evidence of the operation of your cathartic medicines, except the production of abundant and feculent discharges.

After epidemic dysentery has existed a few days without the operation of physic, very large doses are generally necessary to effect the purpose; much larger than many physicians are aware, or willing to prescribe. In confirmation, I will barely state a case which fell within my own view. The circumstances were apparently desperate. Much cathartic medicines, and among these, calomel had been given for several days without effect. The whole body was cold, pulse small and feeble, the extremities almost lifeless, tongue black, &c. A pill was now administered, composed of equal parts of calomel, gamboge, colocynth, and scammony. Notwithstanding the articles were each genuine, and all retained, it required ninety-six grains of this mass, barely to empty the intestines. Large doses were afterwards necessary to continue its effect. What followed its operation? Exhaustion and fainting? Quite the reverse. Pain relieved, skin warmed, pulse improved, and complete recovery soon following.

In the management of dysentery, there ever has been a strange, nay, a fatal fear of strong cathartic medicine. That this notion should prevail, among persons out of the profession, is not singular. But that it should govern so long, and

with so little success, the opinions and practice of a learned body, is not so easily explained—Wherever the explanation may rest, this is the rock on which many a patient and many a physician has been wrecked. Epidemic dysentery is often violent in its invasion, and the patient only two or three days ill, will perhaps have small, feeble, fluttering pulse, extreme pain, cold skin, and icy extremities. Typhus is said to be present or near at hand. Now what is to be done. Give physic, but it must be gentle, for the patient can bear the operation of no other, and bark, brandy, and opium, must be the dependance. But alas! how many accurate observers can bear me witness, how seldom will gentle physic operate, or brandy raise the pulse, or warm the skin, until the calm mind, the clammy sweats and sunken eye, announce (not typhus,) the presence of gangrene. Stimulus then will scarcely delay the event an hour. Nothing but the most active physic can ease the pain, warm the skin, and raise the pulse. This must be the stimulus and anodyne. Then if a case has been neglected, and difficulties thicken around it, instead of treating it as typhus, or what is the same thing, abandoning it, pursue your cathartic course with a diligence and vigour proportioned to the augmented danger. If not, death is secured. There *is no* danger of prostrating a patient in these circumstances with suitable physic.

And why should it not have all these good effects? Let us look back a little for light on this point. The local part of the disease consists in inflammation in the mucous coat of the intestines, aggravated by circumstances growing out of the *seasons*, the structure and functions of the parts diseased, and the state of body at the time, all the outlets of the system previously wide open, now *fast closed*. The constitutional part of the disease is a *contagious* fever, which is proverbially powerful in depressing or oppressing the system. Such being the situation, we should not expect the system to rouse and re-act as in the phlegmasiæ attended with synochal fever; but that all the contents of the abdomen would readily take on any diseased action which might be communicated to a part. Accordingly this is proved to be the case by post mortem examinations. If then the intestine is irritated, how shall cathartic medicine which operates by irritating and exciting the very coat in which the disease is seated, relieve and cure the intestine in particular, and the abdomen in general. Here then is the *point;* and a satisfactory answer to this question will establish the three important positions which I have laboured to establish, viz. That purging is the *true* remedy; that it must

be used in large doses, or at least that it must be of an active kind, in moderate doses quickly repeated; and, thirdly, that the doses must be successive. I have said that the one under consideration is the true remedy. I illustrate this point in the following manner. General means applied to other parts of the body will not reach this which is seated in the bowels, and the system is not in condition to bear their operation. In other words, there must be evacuations. But the body is in such a situation confessedly as to forbid evacuations, sufficiently powerful to cure the disease, unless they are drawn from the diseased part. What other remedy, or what other class of remedies then can succeed.

But secondly, cathartics to succeed, must be given in large doses, or at least the kind must be active and quickly repeated. For proof of this assertion, we must recur to the laws of the system. Every part and function of the economy, obeys its appropriate stimulus. But when a part is preternaturally excited, the natural stimulus is not felt; and quantities of artificial stimulus which in health would excite inordinate motions, will either not be felt at all, or will only aggravate the difficulty wherever it may exist. Let us apply this doctrine. In fever, the skin is hot and dry. Sudorific medicine must be powerful enough to excite perspiration, or the fever will be aggravated, and the pores of the skin still faster locked. Again; when the mouth is parched and dry in disease, the stimulus of food, which ordinarily excites an abundant flow of saliva, is now insufficient; something far more powerful must be applied to the mouth in this condition to procure a flow of saliva. But this illustration might be extended to any length. The principle in all is the same. The application to succeed must be powerful enough to overcome all the existing excitement, and substitute its own specific action and stimulus in its place. Hence, as a direct and legitimate inference, small doses of physic, insufficient to operate in dysentery, do positive injury, without a chance of doing good. Experience so decides. The dose then must be sufficiently large and active to overcome existing diseased action and substitute its own. Then secretion takes place and relief is procured.

Thirdly, but the action of the cathartic on the disease is only temporary, and unless it is supported by successive doses, the disease will resume its sway, and secretion stop. This is in accordance with the laws of the system, and with experience. Hence cathartic medicine, which has the most durable action, is theoretically, as well as practically, by far

the best. I may have failed in expressing my thoughts clearly. But if I do not deceive myself, the three positions above named, are demonstrated, or at least the hints are thrown out which lead to it.

To what conclusion does the foregoing remarks lead respecting the use of *aloes* in dysentery. I am aware that the bare mention of this article will be considered as *heresy*. But I have learned by ample experience, that much of the popular practice in this disease imperiously calls for a revolution, else a consistent, rational, and successful practice will never be generally adopted. Were this disease always seated in the large intestines, and were it always a local disease, I think the inference would be irresistible, that aloes would be the most effectual remedy. Under this impression it has been administered singly, and in combination, with the most satisfactory results. Even admitting (which is not very true) that it is apt to gripe, this effect alone will neither take life nor endanger it, and any temporary suffering which might arise from this cause, is more than doubly compensated by its peculiar operation.

Since, however, dysentery is sometimes seated in the small intestines, and all the digestive organs partake more or less of the disease, calomel should be a component part of the purgative medicine. Here I am met by the practice of some who rely on calomel alone. This is a better practice than the one which rejects it altogether. It has, however, been asserted long ago, that calomel as a cathartic in dysentery is a bad one, without assigning any reasons for it. It is generally admitted, that this medicine alone produces griping discharges; moreover, when its repetition is sufficiently frequent to cure the disease, the danger of salivation is much increased, and it is now well known, that in violent acute diseases, mercurial action cannot be established in the system, until the necessity for it has ceased. In other words, the disease must yield, and the patient generally be better, before a salivation will come on. But these though serious, are not the strongest objections to calomel alone in dysentery. It is well known to all physicians, that this medicine is a powerful hydragogue, or in other words, that the evacuations procured by it are frequent, and generally consist wholly of fluid. It is this fact which has given rise to the objections against its use, and I might add to the use of cathartic medicine generally. These fluid discharges exhaust the system so rapidly, that death would soon be the consequence. To this cause should be attributed in a great measure the predilection for rhubarb. This

is a kind of salvo to the conscience. It is physic, and it will not exhaust the patient, or, in popular language, induce typhus. It is now scarcely necessary to remark, that the injury resulting from an injudicious administration, or wrong selection of cathartic medicines, should not lead to their abandonment. All the objections against them are obviated, by a judicious choice of articles. The combination of calomel, rhubarb and aloes, before recommended, will be found to possess all the requisites for curing this disease. Contrary to the invincible prejudices of the profession, in this particular disease they are the *mildest* physic which can be given. The one corrects the unsuitable effects of the other.

The summary of the treatment, then, I repeat, consists in evacuating the bowels daily with suitable physic. Trust no eyes but your own for evidence, that your physic does actually operate. In a few cases, something more active than our favourite combination may be required; but very generally it will prove fully adequate, and its operation perfectly manageable. I am now prepared to assert, that many of the worst cases of dysentery, may, by these means, in two days, be converted into an ordinary remittent fever, with this difference, however, that if the cathartic be carefully continued, the dysenteric symptoms will not return, and the patient will speedily recover. With one more remark, I close this interesting part of the subject. If the treatment now recommended is entered upon, let it be done fearlessly, and without misgivings. Leave bark, wine, and brandy, for those who are not to recover.

*Gentle* physic, *salts, oil, &c.* These are favourite remedies. In sporadic dysentery they may do well enough. These cases may be cured by *any thing*, and *without* any thing. But in epidemic dysentery they are inadmissible. Indeed, as far as this disease is concerned, I am fully persuaded that it would have been better for mankind had gentle physic never been known. If these articles operate at all, they procure large fluid discharges, and every physician is ready to bear me witness, how suddenly and how fearfully they often exhaust the sufferer. This fact and the little relief which follows their operation, has created an unconquerable aversion to active physic, and forced many a patient and many a physician to neglect or prescribe it altogther.

To the enlightened profession, it would be an insult to bestow a single remark on the countless specifics which have been recommended to their notice.

There is one article of the materia medica, on which I wish to make a few remarks. The most signal cures of dysentery

which I have ever witnessed, have been effected with ipecacuanha. In sporadic cases, its operation on the bowels is tolerably manageable. But unfortunately in the epidemic variety, where its assistance is most needed, its tendency to vomit is uncontrollable. I have tried it in every manner and combination that I could devise, but have been forced to abandon it. It appears to me that the man who could discover a method of administering reasonable doses of ipecacuanha without vomiting, and without destroying any of its properties, would procure lasting honour for himself, and confer a signal benefit on society.

I have now only to remark, that the foregoing observations are chiefly applicable to dysentery as it has appeared in this country for some years past. Particularly to its worst form, where, from the onset, there is a deficiency of re-action in the arterial system, and where, judging from the pulse, skin, and state of the system generally, stimulus would be required from its very commencement. I have endeavoured to show that nothing would rouse the system but unloading the oppressed state of the abdominal viscera. But it must not be forgotten that all epidemic diseases change their characteristic features. Dysentery *may* hereafter appear, and violent re-action, and a fever highly inflammatory, mark its *early stages.* Should such an occurrence happen, the lancet and emetics of ipecacuanha would be the remedies, until these features were overcome; then, whatever peculiarities mark its early stages, while it is dysentery, or, in other words, while the mucous coat of the intestines is the principal seat of the disease, the *latter stages*, and of course the treatment, *must* and *will* be essentially the same.

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## Art. IV. *Observations upon Phlegmasia Dolens. By* Horatio G. Jameson, M. D.

The writer of this having adopted an opinion of this disease somewhat different from those which generally prevail, it is deemed essential to examine with some care into the derivation of the term phlegmasia dolens. It appears that in the works of Hippocrates, the term phlegmasia often signifies inflammation. But Galen is found to use the same term to signify phlegm; and Johnson derives the word phlegm from the Greek term φλεγμα, and hence is derived the epithet phlegmatic habit, meaning a cold watery habit. Indeed, the term

has been applied to man, both corporeally and mentally—we speak of the Dutch as being a phlegmatic people, &c.

With this understanding of the subject, it is not a little surprising that Cullen should have copied the term phlegmasia,* from Galen and Sauvages, to designate his class of inflammatory diseases. Dr. Good has therefore very properly employed the term phlogotica for his second order of inflammation. This term being derived from phlego, "incendo, ango," to turn and to choke. This author has used the epithet phlegmone to distinguish the second genus of his second inflammatory order; and tells us that the Greek writers used it very frequently to signify inflammation generally. It is also derived from φλεγω "inflammo,"—"inflammationem quam Græci φλεγμονην nominant," says Celsus. We see, then, that both the terms φλεγμονη, and φλεγμοι, were used by Greek writers to signify inflammation, and that, long since, the word phlegmatic has been used, in the English language, to signify a watery state of the body.

It is, therefore, obviously wrong to speak of that kind of inflammation which never tends to suppuration under the term phlegmone or phlegmonoid inflammation; or to speak of such as do tend to suppuration under the term phlegmasia, as has been done by Cullen.

It would be foreign to my present purpose to enter into an examination of the terms applied to the different varieties of inflammation; but believing, as I do, that there is a species of inflammation, the characteristic tendency of which, is to produce watery effusion, into the parts affected, I shall adopt the term phlegmasia for that kind of inflammation which leads to such effusion. Indeed, there is reason for believing, that Galen had correct views of this kind of inflammation, from the fact of his using the term derived from phlegma or phlegm for inflammations, since this epithet goes to point out what is the fact—i. e. phlegm is generally the effect of that kind of acute or subacute inflammation which differs essentially from the suppurative.

We have to remember that the term phlegmasia dolens was first applied to a disease supposed to be peculiar to parturient women. But observation has abundantly proved that women are liable to this disease under other circumstances, and hence the necessity, in the present day, that we add the qualifying epithet puerperurum, to the former, to distinguish

* Cullen says, "when any part of the body is affected with an unusual redness, heat, pain, and tumour, we name the disease inflammation, or phlegmasia.

such cases from others of phlegmasia; or, in other words, from *phlegmatic* inflammation of other persons. I shall prove presently, that women of all ages are liable to this disease. It will follow, as a necessary consequence, that as there is the same organization of arteries, lymphatics, &c. in both sexes, that men are also liable to this disease.

What I have to say respecting other than parturient women being liable to this disease, will at once remove all foundation for the opinion formerly very generally held by writers, that phlegmasia dolens arises from the absorption of the milk or some peculiar fluid, as imagined by Dr. Denman.

Before I proceed further to the examination of my own views, it seems proper to give a description of the disease in question, from some respectable authorities. According to Dr. Good, Mr. Hull appears to be the first who used the phrase, phlegmasia dolens, which, according to the acceptation in which the term phlegmasia was used by Cullen and others, means, in reality, nothing but painful inflammation. Sauvages employed the epithet phlegmasia lactea, meaning, of course, according to Cullen, a painful inflammatory swelling from the absorption of milk, and that in the parturient state. Dr. Parr uses the term ecchymoma lymphatica—thus making it a disease of the lymphatics in which there is effusion, since the term ecchymoma is derived from the Greek terms εκχυω "to pour out," and χυμος juice. This phraseology points out the location of the disease, (i. e.) in the lymphatics, and also the fact of effusion, but loses sight of the most important characteristic of the disease, acute inflammation. This disease has been named by the French, Lait Repandu, scattering or diffusion of the milk. By the Germans it is called, Milch Streichem, which is equivalent to the vulgar English phrase, by which puerperal phlegmasia dolens is known, (i. e.) Milk Spread. These quotations are sufficient to show that this disease has, by many, been attributed to the absorption of milk; and by most supposed to occur in the puerperal state only.

Dr. Good tells us he has adopted the term sparganosis from Dioscorides. A little examination will convince us that this author was not fortunate in his choice, since sparganosis is derived from σπαργαω, to "tumify and distend." It is true, he qualifies the term signifying tumefaction, by the term puerperarum, and sparganosis stands as his tenth genus, order phlogotica; hence it follows, that he here means an inflammatory swelling, peculiar to parturient women. But he has fallen into the remarkable error of confining this kind of inflammation to patients in this peculiar state, and yet he makes

the following observations: "That sparganosis is not dependent upon the mammary organ, is obvious, from its occurring in cases where there is no suppression of milk, and from its being found in the weak and the strong, the lean and the corpulent, the sedentary and the active, the young and the middle aged, (and he might have said the old,) those who suckle and those who do not. The œdematous affection that takes place in the ankles afterwards is a mere sequel of the disease dependent upon vascular debility; and hence Dr. Cullen seems not less improperly to regard sparganosis as a species of anasarca, (anasarca serosa,) than others who have regarded it as a species of milk affection."

Dr. Good describes the disease thus—"pale, tense, glabrous diffused swelling of a limb, great tenderness, inflammation, subcutaneous, unsuppurative—occurring, for the most part, during the second or third week after child-birth; limited to the lower extremities, and chiefly to one side, exhibiting to the touch numerous irregular prominences under the skin; fever ascetic." We shall see, presently, by looking into the work of Dr. Ferriar, on this disease, that a lumpiness has been spoken of by some writers as a swelling of the lymphatics. This author (Dr. Good,) entertains the absurd opinion, that the effusion attending this disease is a "critical deposit."

Dr. Ferriar has written an interesting paper under the title of "an affection of the lymphatic vessels hitherto misunderstood." From this paper I have deemed it proper to make some quotations. "It has been long known that irritation may be propagated along a lymphatic vessel, from its extremity to its entrance into one of the larger conglobate glands. The vessel can be distinctly traced in its course by its hardness and enlargement, and frequently by a slight inflammation of the superincumbent skin, forming a red or purple streak, and extending with the affection of the vessel. But practitioners do not seem to be aware, that all the lymphatics of a large limb may take on a disposition to inflammation from internal causes, though such an occurrence might have been expected a priori. The following case appears to me to demonstrate the fact, and to furnish an explanation of cases which have been described, but, I think, not well understood by former writers. It will serve also, if my view of it be correct, to direct our practice where little has yet been attempted."—"A gentleman of an irritable habit, subject to severe bilious attacks, to hemorrhoidal discharges, and sometimes to a considerable degree of rheumatism, was

affected with pain, stiffness, and swelling in his left leg and thigh. The pain and swelling began in the foot, and extended up to the groin. When I saw him, the swelling was uniform, tense and shining, without discoloration of the skin. Upon applying my hand, I felt great hardness, and enlargement of the glands in the groin, and in those of the ham. The vessels could be felt much enlarged and hardened, for a little way above the ham, but the extreme tension of the skin prevented me from tracing them to any considerable extent."—"In considering this affection of the leg and thigh, I conceived there were sufficient marks to indicate a *general* inflammatory state of the absorbents of the limb. Those symptoms from which we conclude a single lymphatic to be inflamed, were distinguishable in all the superficial lymphatics, and in the conglobate glands of the part. I determined, therefore, to try the effect of topical bleedings, and I directed several leeches to be applied to the leg, just under the knee, as the pain and stiffness were most considerable in the ham. The next day there was an evident decrease of swelling, and I could distinctly trace the superficial lymphatics, entwined like bundles of cord through the whole course of the limb." The bowels were kept open, and in a little time the patient recovered. I have been thus particular in noticing this case from the circumstance of its being the first in which phlegmasia dolens was supposed to exist in the male subject, and also the first case, perhaps, in which a correct view of the disease was taken, upon which to found a rational mode of treatment.

Dr. Ferriar says "the tense swelling of the limb clearly marked the distinction between the class of vessels affected, and those of the sanguiferous system." And he should have added, the absence of redness, as another distinguishing mark of unsuppurative inflammation. He continues—"The absorbents were rendered incapable of performing their functions by the thickening of their vessels, and the obstruction of their glands; but the arteries being in a sound state, the exhalants continue to pour out their fluid, which, not being absorbed, must stagnate in the cellular membrane. The difference between this state of accumulation and dropsy, seems to be this, that when the lymphatics are generally inflamed, absorption ceases entirely for the time; but that in cases of œdema or anasarca absorption goes on, though imperfectly, while there is any vigour in the exhalants. At length absorption is stopped in dropsy, and the integuments give way; but before this takes place, I have generally found the swellings

assume the tense, shining appearance accompanying lymphatic inflammation." We see grounds here for drawing a clear distinction between lymphatic inflammation, and that of the sanguiferous system; but it will be more in place to take up this part of our subject when I come to give a summary of my own views.

I think there can no longer be any doubt that this kind of inflammation is not confined to the limbs, but occasionally attacks the viscera. Dr. Ferriar supposes it might occasionally give rise to encysted dropsy, and he might have gone further, and said that all dropsical affections are the result of this kind of inflammation.

Dr. White has written a treatise on the disease before us, called, "an inquiry into the nature and cause of that swelling in one or both of the lower extremities, which sometimes happens to lying-in women." I do not deem it necessary to attend to his description in detail; but what seems much to my purpose is this, "the limb becomes twice the size of the other, and is moved with great difficulty, is hot and exquisitely tender, but not attended with external inflammation. The swelling is very smooth, shining, and pale." Here we see inflammation attended with tumefaction, severe pain, effusion, &c., and yet suppuration never follows this kind of inflammation, which indeed has been distinguished by Dr. Good, as being unsuppurative. It is not a little strange that Dr. White should have attributed this disease to a rupture of a lymphatic in the groin, by the pressure of the child's head. If so fanciful an opinion required refutation, we have it not only in what we have said of women not parturient, but also in the fact that phlegmasia dolens puerperarum sometimes begins at the foot or knee, and has been seen not to extend above the knee.*

It seems probable from the publication of Mr. White, and others, upon this disease, that parturient women are more disposed to it than other persons. The following cases, with many others which might be cited, will serve to show that men are not exempt from it. We have the following account of the case of Dr. Purdy, of New York, in some of our Journals. This gentleman had been reduced by an attack of typhus, during which he had a painful swelling of the inguinal gland on the left side. He says, "I was, on the 28th of September, 1824, exposed to a draft of damp cold

* See Mr. Simmon's case in Dr. Dickson's paper, Medical Recorder, Vol. 3. page 114.

air. My left foot became unusually cold, and the calf of the leg was affected with pain similar to that produced by the cramp. The pain continued to increase notwithstanding the immediate application of warm fomentations, frictions, antispasmodics, &c., and it soon became almost intolerable." He continues, "when I awoke in the morning, my leg and thigh were swelled to twice their ordinary size, and they had a shining white appearance, and the skin was smooth, tense, and elastic."

Mr. Bayton relates a case in an old man, having, in his opinion, all the essential symptoms of the disease under consideration. The patient had been much cramped in his legs in a long ride in a crowded coach. Soon after alighting, his legs became very painful, and swelling came on, more particularly in the right leg. The disease had existed a week without any depletory measures, before Mr. Bayton was called. The patient could not hang down the leg without extreme pain. The skin bore the gloss of glass. Leeching was found very beneficial, and the patient recovered well.

Doctor Denman, in the Medico Chirurgical Journal, for 1817, describes a case, which he considered "phlegmasia dolens in a male subject." The authorities which I have cited, and the cases which have come under my own observation, in my own practice or medical friends, lead me to the following conclusions.

1. Phlegmasia dolens, though most common in child-bed women, is sometimes seen in women of all ages, and sometimes in men also.

2. The swelling, mostly in one limb, sometimes in both, is always of a shining white colour. Dr. Thomas, in his practice, says the skin is whiter than natural.

3. All writers say it is unsuppurative, and that there is always more or less effusion; and from hence we may suppose Dr. Cullen derived the term anasarca *serosa.*

4. It is obviously an inflammatory disease, which we infer both from the symptoms and from the good effects of topical bleeding, and other depletory remedies.

And lastly, taking all the circumstances into view, I may venture to pronounce this a variety of *Phlegmatic* inflammation, or an inflammatory action, the tendency of which is to the effusion of serum.

I have now arrived at the most important stage of my present inquiry, which is to found a correct nomenclature, that shall have the effect of leading us to such views of doctrine, as shall suggest a rational and successful practice, not only in

this variety of phlegmatic inflammation, but serve to elucidate a subject clouded with much uncertainty and difficulty, down to the present day.

To attempt any thing like an examination into the arrangements of Cullen, or Good, or others, on the present occasion, is out of the question. Suffice it to say, that I think Good has properly applied the term phlogotica to such affections as may be termed inflammations; but viewed in connexion with his general arrangement, the whole presents a tissue of absurdity and inaccuracies. Phlogotica may serve to designate inflammations generally, either of a phlegmonoid, or of a *phlegmatic* character. And hence may be derived phlegmonic and phlegmatic inflammations, the former tending to suppuration, and the latter to serous effusion; and what I have said in a former part of this essay, will lead us to understand that the former is a disease in which the blood vessels are chiefly affected, and the latter one in which the diseased action is seated principally in the lymphatics. A proper knowledge of this view of our subject would have saved the many practitioners and writers from error, who have so much misunderstood the nature of most dropsical effusions, and other diseases, belonging to the class of phlegmatic inflammations. The usual signs of inflammation of the blood vessels are not present, and it has been too generally considered a disease of debility. I cannot stop to do this subject justice, but wish further to say, that I consider all serous effusions as the result of *phlegmatic* inflammation, and that phlegmasia dolens is but one variety of a very extensive group of inflammatory diseases, having a tendency to serous effusion.

This view of the subject, as the late successful treatment of dropsy on the depletory plan will serve to prove, will lead to a rational and safe treatment in a variety of serous or phlegmatic inflammations.* If we know then, that there are an extensive group of inflammatory affections, which do not present the usual signs of suppurative inflammation, we may still prescribe on rational views, provided we recognise phlegmatic inflammation, and employ the antiphlogistic remedies. Although I am well aware of the advantages of general depletion by the lancet, and otherwise, in many phlegmasia, still I think my experience warrants me in saying, that local blood letting is more especially beneficial in this form of inflammation, i. e. the phlegmatic. Moreover, I think this will serve to reconcile us to the apparently extra-

* We owe much here to Dr. Rush.

vagant encomiums upon leeches by Broussais and other French writers, whose practice in visceral inflammations, is so well suited to phlegmatic inflammations.

Every experienced physician must be aware of many cases of visceral inflammation which tend to effusion, and not to suppuration, and that if we did not arrest such inflammation by blood-letting, and otherwise, effusion would be the result of many acute visceral inflammations. Now, I think my experience warrants me in saying, that it is in this kind of inflammation more especially that topical bleeding by leeches, and cupping, is particularly useful. I do not, by any means, wish to say, however, that visceral inflammations may not often be of the suppurative kind, nor that we may not in most cases of the non-suppurative, derive much advantage from general blood-letting, under suitable circumstances. And we must not forget that different kinds of inflammation may exist at the same time, or succeed each other so rapidly as to appear blended.

In short, I consider phlegmasia dolens but a variety of an extensive group of inflammations, the peculiar characteristic of which, is a tendency to the effusion of serum or watery fluid. And this form of inflammation, or, at least, some of its varieties, most frequently occur in weakly habits, or while the subjects of it are in a state of debility, and hence probably the greater utility of local depletion. In inflammations of the viscera we generally find the glandular, or parenchymatous structures prone to the suppurative, while the non-suppurative is usually seated in the serous membranes. In phlegmasia dolens, inflammation is seated in the lymphatic system of vessels, and in those of the lower limbs mostly.

I have seen this disease in a woman, aged sixty—it was preceded by excruciating pain, and associated with some enlargement of the ovarium in the side affected. It proved fatal, and did not seem to be much retarded, or in any way influenced by the treatment.

I saw another case of this disease in a woman, aged about forty, who was labouring under extensive cancer of the uterus and ovaries. A few doses of jalap and crem. tartar, with the external use of hog's lard to the leg, which was much swollen and very painful, soon relieved the phlegmatic affection of the leg, but the cancer went on to destroy her.

Admitting then that phlegmasia dolens, whether puerperal or not, is an inflammatory disease, attended with morbid effusion, we shall be led to a successful practice. We must first look to the general system, and lower the action of the

neart and arteries, by general blood-letting, or not, according to circumstances. This done, we employ topical bleeding by leeches, or cupping; give cathartics; sometimes a little calomel, mostly crem. tartar and jalap—or, if the state of the patient will admit of it, one-sixth, or one-fourth of a grain of elatin may be given, by which we may procure copious purging. I usually repeat this article every two hours, till the desired effect is produced, and repeat the medicine once or twice a week. As a local application, I have seen the use of cabbage leaves attended with good effects—they operate by keeping up free perspiration. Hog's lard usually relieves the painful tension attending phlegmatic limbs, and sometimes is attended with the happiest effects.

In the advanced stage of the disease, (and this is mostly a disease of considerable duration,) stimulant liniments and blisters may be useful, with, or without, according to circumstances, the internal use of tonics. Sp. Terebinth and sweet oil make a good application, or a little oil of sassafras mixed with simple ointment.

But the main object of this paper has been to support the opinion that people in general are liable to this disease. That it is decidedly an inflammatory disease, and less known as such, because the inflammation is not suppurative in its tendency. That this does not lessen the necessity of using depletory remedies, either in this form of phlegmasia, or most others.

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## Art. V. *Observations on Femoral Hernia. By* Horatio G. Jameson, M. D., *of Baltimore.*

There appears to be a paucity of information on one point relating to femoral hernia, i. e. whether there be an increased or diminished liability to strangulation, after the ordinary operation. So far as my memory serves me at this time, few authors have said any thing respecting this point. The common opinion with the profession is, I believe, that the operation does not lead to permanent cure. Mr. Hey, of Leeds, found his patients very liable to a return of hernia, but that strangulation seldom or never took place after operation. Under my own observation, Mr. Hey's remarks have been found correct.

If it be admitted, however, that strangulation seldom occurs a second time, we should not lose sight of the fact, that

such persons must always be liable to injury of protruded parts, from blows, falls, &c. and even a well adjusted truss will not always afford safety, particularly to the labouring classes of people—in the art of stooping, straining, and the like, parts may be protruded suddenly, and subjected to violence. Besides, trusses are extremely unpleasant to most persons, and particularly to women; these views of the subject have induced me to make an effort to overcome this difficulty. I have lately met with a still stronger inducement for attempting the permanent cure of femoral hernia, which I shall state, after describing the method which I practised some years since, I believe successfully.

I was called to see a young lady in the month of December, 1822. She had concealed the disease for several days, not only from her female friends, but positively denied having any appearances which would warrant the belief of her being affected with hernia. In consequence of this absurd conduct, she was brought into extreme danger before she disclosed the fact of her being affected with femoral hernia, which had existed three years, attended with much suffering and occasioned by a fall. It would be unnecessary to detail the symptoms and treatment; suffice it to say, the symptoms were extremely violent, and all the usual means for reduction were employed ineffectually. Two practitioners were present at the operation which I performed. The following remarks are from my notes of the case: "There is a small tumour in the groin about the size of a walnut, but oblong, exceedingly tender to the touch. It feels soft, and gives to the finger, the sensation of omental hernia. This tumour has existed three years, and no attempt has been made to reduce the part; it is therefore very probable that more or less considerable attachments have been formed." The tumour having been uncovered in the usual way, I now discovered that whatever might be the nature of the hernia, "that it was firmly attached all round to the ring. I therefore discovered at once, that the part protruded could not be reduced, until the attachments were broken up. This was cautiously done by means of the finger nails, and by scissors. In doing this I discovered that the hernia was omental, that a portion of the omentum was agglutinated into a ball, and could not be unfolded." This tumour being detached from the surrounding parts, and the stricture divided by cutting the falciform ligament, and those of Gimbernat and Cooper, I succeeded in returning the mass of omentum uninjured. The symptoms were alarm-

ing during the three or four succeeding days, but she recovered.

After she was restored to perfect health, she upbraided me with having deceived her in regard to a permanent cure of the disease, a thing which had not once crossed my mind. To save life was the object of the operation, but she some how associated the idea of a cure with the operation, and was sorely disappointed, when she found, about two weeks after the operation, that the hernia had returned. It was in vain that I endeavoured to persuade her to be reconciled, and keep herself comfortable by wearing a truss. She harassed me by sending frequently for me, and declared again and again, that she would never have submitted to an operation, on any other terms, than that of a perfect cure. That she would gladly submit to a second operation, if it could be made to answer her wishes, but that she was fully determined not to live under existing circumstances, though she had no other than mental suffering, but this was such that she would destroy her own life.

Her entreaties set me seriously to reflect whether any thing could be done for her, likely to meet her views. Being a woman of education, and of strong mind, I laid the following views before her, for reflection. No operation has been practised with a view of affording exemption from return of femoral hernia. This is, therefore, a strong inducement for you to remain satisfied with your present situation. I therefore unhesitatingly recommend the use of a truss, and leave matters as they are. If, however, you are fully determined upon having something done, you must be aware, that as no operation has been practised for the purpose, any thing which I could attempt in that way, must be an experiment. Bearing this in mind, then, I will engage to perform a new operation, and have reasonable hopes of affording you relief, or I would not undertake it.

After a few days' reflection she informed me that she was ready, but must insist that no one but her maid should be present—saying, I had sufficient proof of her firmness in the former operation, that she could bear whatever might be necessary, and that she had an insuperable objection to the profession knowing any thing of the case, considered in reference to herself.

She being in good health, so far as compatible with a most fretful irascible mind, I performed the following operation without any assistance except that of her maid. The hair carefully shaved off the part, I made an incision through the

skin and fatty structure down to the fascia of the thigh, a little to one side of the centre of the femoral aperture, and a little obliquely upwards, shaped thus, and a second incision as represented in the lower line. I had then cut loose a piece of integument, the widest part of which was fully three-fourths of an inch wide, and two inches in length. Its longest diameter upwards and downwards, and most of the tongue-like flat below the *aperture;* wide end down, and cut loose; the upper left attached to the skin over the edge of Poupart's ligament, by which connexion this flap was to be sustained. The fascia being now cut, and the hernial tumour returned, the thick end of my flap was forced into the femoral aperture. Then the skin on either side was drawn over the flap, and united by means of three or four sutures; this completed the operation.

In offering my views upon the above operation, I shall speak of the intentions, of the objections, and of the inducements. The first thing, perhaps, which would excite the curiosity of the surgical inquirer, is the smallness of the femoral aperture; and a little observation will convince him, particularly when he examines this aperture, as it is pressed open by some protruded and strangulated part, that the opening approaches, in some degree, the round form. This suggests clearly the practicability of shutting up this opening, provided any living structure can be withdrawn from some other point, and made to adhere to the surface of the opening. And having formed a stopper, as already described, its chances for adhesion would be much increased by closing the skin from either side of the flap, over it. This healing by the first intention, will secure the stopper in its place, and if it should so happen that the internal surfaces do not heal by the first intention, secured as they are, they will adhere by granulation.

It may be objected to this method, that the cuticle and hair found on the flap, will interrupt the healing of the parts. I expected some difficulty from this source, and had thoughts of removing the cuticle by an epispastic, but concluded trying what nature would do in such a case. It is a law pretty strongly bearing on our structures to a certain extent, that parts that are useless are removed by absorption, and it would seem that neither hair nor true cuticle can be formed on parts secluded from the contact of common atmospherical air. In the present case, I believe they would both be absorbed.

My case, however, did not afford me the necessary opportunity of deciding this point. Being without assistance, the sutures were not so well secured as I wished, and, indeed, I was much disappointed in the behaviour of my patient; her deportment was very different from that in the first operation. Vomiting and restlessness were troublesome for a day or two, and the outer skin did not heal in its whole extent by the first intention. Still it healed in considerable part, and the flap contracted into a hard knob over the aperture, and thus was it closed, so as to prevent return, to the best of my knowledge.

The additional pain attending this operation is trifling, as the incisions for the flap will answer very well for the external incision, provided we make the flap a little obliquely across the hernial tumour.

The fact noticed in my first operation, and which is frequently witnessed by surgeons, of the protruded parts growing to the surface of the aperture, gives a strong reason for believing that any living structure, confined here without any undue pressure, would become fastened. Besides, the skin which is brought over to press on the flap, after it is introduced into the aperture, will tend strongly to give the flap the effect of a stopper, until adhesion shall have taken place. But a stronger inducement has lately presented itself in my practice, for this operation, than any yet offered. I was called lately by my friend, Doctor Amos, to see a case of strangulated hernia, in a woman upwards of forty. The strangulation had existed several days, and as the patient had great fears of an operation, she resisted the doctor's advice of calling me in, three or four days—the symptoms not being violently urgent, but daily growing worse. Satisfied that every thing had been done by Doctor Amos, the operation with his concurrence was proposed, but objected to by the patient till the next day. The usual operation for femoral hernia was performed. The protruded parts were found to be a portion of the side of an intestine covered by the omentum, which adhered to it, over the whole surface of the tumour. This presented a difficulty in ascertaining the precise nature of the hernial tumour, and required the cautious use of the point of the knife, in cutting through the omentum, before the coat of the intestine could be distinguished. The part of the intestine protruded, was so large, and so obviously on the side of the intestine, that I supposed it to be formed out of the caput coli. The attachments removed, the stricture divided, the intestine was relieved from risk of stricture

by the omentum, which closely embraced it, by running a probe along the whole extent of the tumour, between the intestine and omentum, and cutting the omentum on the probe: the intestine safely lodged in the abdomen, the patient was dressed, with a full persuasion that, as regarded the operation, every thing had been fully and safely accomplished, but the intestine was so livid as to excite much fear of the inflammation which existed.

Things went on extremely well till the fourth day, except that the bowels were not freely relieved. On the fourth day the patient became suddenly worse, and strong suspicions were now excited, that the bowels had not been open since the operation, although the nurse had assured us to the contrary. She gradually sank, and died about the 12th day.

On examining the body, I found the inflamed intestine adhering somewhat to the peritoneum, and this no doubt existed at the time of the operation, as I made some effort to bring down a portion of intestine at the time of operation, but could not succeed. But, I also discovered that a portion of the ilium much distended and thinned, (this intestine was much thinned in its general extent,) had been drawn into a pouch, resembling the bladder of a small animal, to form the hernial tumour; that this weakened intestine, injured as it was by the strangulation, had never recovered its proper form; that the lower end of this sack had been forced slightly into the femoral aperture, which, though not sufficiently compressed to affect its vitality, was prevented from assuming its proper place, as a portion of the intestinal tube. The tube was thus not only prevented from doing its office as such, but its vitality was so much impaired from the inflammation as to prevent recovery. In a word, then, I think this patient would have had a better chance of recovery, if the *aperture* had been stopped, as I have proposed.

I believe, the end of the little pouch just noticed, was forced into the aperture on the fourth day, in the act of vomiting. This is, at all events, a curious case, and shows that a sort of consecutive strangulation may take place. This I could not suspect in this case; previous to the patient's death I repeatedly examined the wound; there was no tenderness nor the lightest tumour; on the contrary, it afforded one of those instances, which I have now and then seen, of wounded parts, healing by adhesion, without heat, redness, pain, or any discharge whatever. With these remarks I shall close the subject for the present, and submit to the profession how far it may be worthy of their notice to test the utility of the operation for permanent cure of femoral hernia.

ART. VI. *Facts and observations in relation to the Use of Oleum Terebinthinæ in the treatment of disease. By* CALEB B. MATTHEWS, M. D., of Philadelphia. One of the Consulting Physicians to the Lunatic Asylum, near Frankford.

SOME facts in relation to the remedial powers of spirits of turpentine, have occurred to us in the course of practice, to which we may, perhaps, attach more importance than they deserve, but to which we have thought proper briefly to call the attention of the profession, more especially as we are not aware that *some* of them have ever been recorded, and *others* we are confident have not received that general attention to which they are justly entitled.

Spirits of turpentine is undoubtedly possessed of a peculiar combination of properties, which, in many states of disease, render it an invaluable therapeutic agent. When applied externally in such a manner as to prevent the occurrence of evaporation, it is most generally a powerful rubefacient, and in some individuals, if carried to the full extent, it operates as an epispastic, having this advantage, that its effects are much more rapidly produced, than those of a blister. When it is applied externally, on pledgets of linen, so as to admit of evaporation, it stimulates the capillary vessels of the skin, and at the same time effects a reduction of temperature.

Taken internally, in moderate doses, it acts as a stimulant to the secerning vessels of the mucous membrane throughout its whole extent; but its action is more discernible on those of the urinary organs. In larger doses it is cathartic. From this array of properties, it is manifest that spirits Terebinth. is a powerful stimulant, having peculiar tendencies; and all that is necessary in its employment, is, to ascertain with clearness the indication to be fulfilled, and proportion the remedy and its mode of application accordingly.

Case 1. Mr. William D——, ætat. 21, was playing incautiously, and without being aware of its properties, with a Cashew nut; some of the oil contained in the cellular shell, was received on his face and hands, in consequence of which he gradually became affected with the peculiar inflammation of the skin, which this nut is known to produce. On the fifth day, when our attention was called to his case, his eyelids, the lobes of his ears, the prepuce and scrotum, were very much inflamed and swollen, and, together with the face, affected with an intolerable burning and itching sensation,

such as accompanies erysipelas: he had previously taken a dose of Eps. salts. In the first place, he was ordered to use a solution of mur. Hydrarg. x. gr. to the oz., with laudanum in it; this produced only partial relief, the swelling and itching being but slightly allayed. Supposing that the state of the capillary system of the surface was analogous to that which exists after a burn, we were induced to employ the spirits of turpentine externally over the inflamed surface, by means of pledgets of linen wet with it, and applied so as to allow of evaporation; the result exceeded our most sanguine expectations, for soon after its application, the itching and swelling began to abate, and in the afternoon of the day on which it was applied, he was relieved from all unpleasant sensations, the swelling had subsided considerably, and the day following, he returned to his usual avocations, perfectly cured.

Similar affections of the skin are produced by the poison vine (*Rhus radicans,*) and the swamp sumach (*Rhus vernix,*) to which this mode of treatment would be equally applicable; and it is worthy of a trial as an external application in erysipelas. We conceive the pathology of these affections to be the same, though the cause is different. The poisonous effluvia from the different species of rhus, and from the cashew, or marking nut of India, (*Anacardium occidentale,*) we believe, occasions a debilitated state of the capillaries of the surface, which results in what is considered a specific inflammation, attended with burning and itching, together with an œdematous state of the parts most endued with cellular substance; and in some instances, with a vesicular eruption on the skin; the same symptoms constituting erysipelas may occur, in some constitutions, from exposure to certain kinds of effluvia, not derived from living vegetables, as for example, that of a marsh, or the crowded, dirty, and ill-ventilated apartments of hospitals, prisons, ships, &c.; or the residences of the poor in the suburbs and purlieus of a large city; the identity of these affections does not end here, as the cause, to be efficient, requires, in both cases, a peculiar constitutional aptitude to the disease. According to the pathological views we have adopted, the modus operandi of the turpentine, in the case before us, was that of a stimulant to the cutaneous capillaries, restoring their natural tonicity, while the evaporation tended to carry off the redundant heat from the inflamed surface.

We, however, do not consider one case as sufficient to establish a practice, but would recommend, especially to country practitioners, under whose observation these trouble-

some affections are most liable to occur, to give this remedy a further trial.

Case 2. Occurred to us while on a voyage to Calcutta, in the year 1825. Our cargo was, in part, spirits of turpentine, which was placed nearly under the forecastle. One of the casks was, by some means, stove, so as to fill that part of the vessel with a strong terebinthinate odour. Several of the crew were affected with stranguary, and all, even in those whose births were in the cabin, perceived the odour of violets in the urine, which characterizes the action of turpentine on the urinary organ. One of the crew was affected in a peculiar manner, (which we subsequently learned from our supercargo, an intelligent man, had occurred to two individuals, similarly circumstanced, under his own observation, on a former voyage.) In addition to the stranguary which the others complained of, the subject of this case discharged clots of coagulated blood, on several occasions, when he attempted to evacuate the bladder. The treatment consisted in removing him, as far as practicable, from the source of the exciting cause, and administering a dose of salts, which removed the disease in a day or two. Vs. might have been necessary, had the means employed failed to effect a cure.

This case serves to show the powerful impression made on the system, by this agent, when inhaled into the lungs, and may suggest this mode of application in diseases of a low type, as it would not be difficult to surround the patient with an atmosphere impregnated with turpentine.

Case 3. Mr. L——, residing in New Jersey, on the bank of the Delaware, about five miles above this city, was affected with intermittent fever, of the tertian type; after sustaining repeated attacks, (for the disease resisted the remedies generally employed,) he was suddenly seized with an alarming hæmorrhage, of the passive kind, throughout the whole mucous membrane; the bowels, urinary organs, gums, all poured out blood, and he appeared to be rapidly sinking under the disease.

Dr. J. J. Spencer, of Moorestown, with whom I then was engaged in practice, (1824,) having attended a similar case in the same family, which had a fatal issue, where the saccharum saturni was used, did not place much reliance upon it. We therefore agreed to employ the spirits of turpentine, from the following pathological views; that in passive hæmorrhage the mouths of the secerning capillaries become patulous, in consequence of their tonicity being impaired, and they pour out blood instead of the fluids usually secreted

from them. The indication then was, to restore their tone, and support the system, while labouring under the debilitating effects of the hæmorrhage. It was therefore necessary to employ a remedy which was known to possess the properties of a stimulating tonic, the action of which should be more particularly determined to the capillaries of the mucous membrane. These desirable qualities we found to be combined in the remedy which we resorted to, and the result answered our expectation. The hæmorrhage ceased; our patient gradually recovered, and is now, we believe, in perfect health. The turpentine was used in the form of julap.

Spt. terebinth. ℥i.
Sac. alb.
Gum. arabic, a. a. ʒij.
Aq. menthæ, ℥vi.—M.

Sig. a tablespoonful every two hours, or until symptoms of stranguary were produced; this we thought would indicate its efficient action on the capillaries. This state we were therefore desirous of maintaining, and stranguary was continued, in a slight degree, for some days, by regulating the administration of the medicine.

Case 4. Was also one of severe passive hæmorrhage, after intermittent fever. It occurred in the same family, and what was very remarkable, both the individual who was the subject of it, and the one who was before mentioned as having died of a similar affection, slept in the same room with case 3d. It was situated directly over a kitchen without any ceiling, which was, almost every day throughout the summer, heated very much by a ten plate stove, and a large oven, in the culinary operations of the family; in addition to which, there was an easterly exposure to a partially desiccated pond, at no great distance; the rest of the family, though several of them had intermittents, were exempt from hæmorrhages. That three individuals sleeping in the same room, should, within a short space of time, be affected with passive hæmorrhage, is certainly, to say the least of it, a remarkable coincidence, and no other probable causes presented themselves to our observation, than those stated above.

This patient, who was a servant boy in the family, walked about for several days, though in a state of delirium; at length the hæmorrhage occurred, and he was confined to his bed. The turpentine was again resorted to, and with marked advantage; but in order to determine its action more powerfully to the capillaries of the kidneys, and alimentary canal, we combined the Tr. Cantharides in the dose of ten drops, or more, every

two hours, with the terebinthinate julap. In the course of a few days, as in the former case, a mild aperient, such as ol. ricini, was employed to evacuate the coagulated blood, &c., from the bowels. Under this treatment he recovered in a short time. The turpentine in tablespoonful doses, had it occurred to us to use it in this manner, would have answered a better purpose to evacuate the bowels, and would have required less caution in its administration than the ol. ricini.

We have since learned that this mode of treating passive hæmorrhage, has been extensively employed in the Dublin hospitals, and with most decided success.

Case 5. Mrs. C——, aged forty years. She was affected with a severe pain in the left side, a few inches above the crest of the ilium; it was attended with some fever: she had ceased to menstruate for two or three months before, since which she had been indisposed more or less. She was bled, and a blister applied, twice in succession, over the part. Cathartics were administered, and the gums slightly affected by means of the blue pill: the fever abated, but the pain remained as bad as ever. The part was now bathed three or four times a day with spirits of turpentine. From its first application relief was afforded, and she rapidly became better; she is not yet quite well, as the pain partially returns, at times; the turpentine affords relief, however, whenever it is resorted to.*

Most practitioners have, perhaps, employed the turpentine as a rubefacient, in rheumatism, colic, sprains, &c. &c., and also as an internal remedy in the treatment of tenia, in calculous affections, and in the sinking stage of typhoid diseases. We have used it in such cases, with very satisfactory results, and think that it cannot be too highly recommended. There is, however, one case in which we have not seen its employment suggested, to which we think it highly applicable.

After poisoning from opium, when the contents of the stomach have been thoroughly evacuated by means of emetics, or the stomach pump, especially if the poison has been taken some hours, a portion of it may have passed into the intestines, beyond the reach of these agents, so as to maintain its deleterious action on the system. It then becomes desirable to evacuate them of their dangerous contents. In order to do this, and at the same time stimulate the nerves of the stomach and bowels, so as to counteract the influence of the opium,

* Mrs. C. has since, by continuing the turpentine, perfectly recovered.

and support the system under the prostrating effects of the narcotic, spirits of turpentine may be used in large and repeated doses, so as to produce a cathartic operation, at the same time employing the spirits of hartshorn, to aid in arousing the system from its lethargic state.

We shall, in conclusion, make no apology for thus presenting a portion of our limited experience to the profession, as we are firmly persuaded that one practical fact will be more useful and acceptable to them, than a thousand vague, ill-founded, and absurd theories, that successively pass away, and, "like the baseless fabric of a vision, leave not a wreck behind."

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## Art. VII. *Observations on Ligatures. By* Samuel Annan, M. D., *of Baltimore.*

In no class of mankind is pride of opinion more strikingly manifested, than amongst medical men, generally. The tenacity of their adherence to the dogmas of the schools, the reluctant admission of the truth, not only of new theories, in which they are somewhat excusable, but even of facts, real, genuine, incontrovertible facts, and the slow progress of improvement as a necessary result, are eminently characteristic of our profession.

How much of this *excessive cautiousness* is to be ascribed to the influence of habit on our common nature; and how much to that spirit of opposition, whose baleful power we all experience, in a greater or less degree, I shall not at present discuss. My object is to direct attention to a subject of the deepest interest, which appears to me most unaccountably overlooked.

But little experience or reading is required to inform us of the vexation frequently encountered by surgeons, and the protracted sufferings of their patients, from the retention of ligatures after operations. In a fortnight or less, the wound from the excision of a cancerous breast, or the amputation of a limb, is healed, except where the ligatures pass out; these remain for weeks, or months; "the stumps are exquisitely painful, and tender to the touch; considerable quantities of *good* pus daily escape from their vicinity; and the strength of the patient is supported by the copious administration of wine, porter, sulphate of quinine," &c. (see Medico-Chirurgical Review, Vol. XI. page 252, 3.) But the termination

is not always so favourable; hectic fever, and death, are occasionally the consequence, in spite of the wine, &c.

Besides, can any thing be more annoying to both surgeon and patient, than confinement to bed, for three, four, or more weeks, after the stump has united, by the fear of hæmorrhage from the ligature still adhering to the artery? And in reference to that disputed point, the management of the omentum in cases of hernia, where large portions of it are protruded and altered in structure, one great argument brought against the removal of it by the knife, is the dread of abdominal abscess from the ends of the ligatures securing the arteries. Mr. Earle has mentioned a case where the abscess presented near the umbilicus; and Mr. Brodie, in addressing the pupils of St. George's Hospital, makes use of it, to deter them from the practice. Now all this, and much more of the same kind, which I need not refer to, is not a little wonderful, twelve years after the recommendation of the animal ligature, by Dr. Physick, and the full and fair trial it has undergone, in the hands of some of our most eminent surgeons.

That British surgeons should consider any thing emanating from a foreign source, as undeserving attention, is in strict keeping. But the subject has been taken up by a surgeon of Hull, Mr. Fielding, who, in the Edinburgh Medical Transactions, recommends the silk worm gut; and Mr. Wickham, of the Winchester county hospital, after having a patient confined to bed, the greater part of two months, longer than would otherwise have been necessary, by the ligature obstinately refusing to separate, was induced to try it. And we may suppose, that unless Mr. Earle looks upon an abdominal abscess, bursting near the umbilicus, and discharging pieces of ligature, in a less serious light than we do, he will not use silk or thread again, under similar circumstances.

*If it would not be considered presumptuous*, we would advise surgeons, British as well as American, to look into Dorsey's Surgery, and examine Dr. Jameson's Essay on Traumatic Hæmorrhage, published in the 39th No. of the Recorder. They will there find, if there should happen to be a scarcity of silk worm bowels, which appear to have answered exceedingly well, in the few trials they have ventured upon, that narrow strips of the thinner parts of common buckskin, as found dressed in the shops, are at least equal, if not superior. It can be easily procured in all situations; can be cut of any thickness to suit the size of the vessel; is less likely to cut through the coats of the artery, and consequently there is less risk of secondary hæmorrhage; it is soft, and readily acted on

by the absorbents—offers no obstacle to union by the first intention; causing no more irritation than is sufficient to procure the obliteration of the vessel. But let the fact, as to its superiority over the silk worm gut, be as it may, the latter having been found to answer, it is to be hoped, for common humanity's sake, that we will not hear any more of "exquisitely painful stumps, protracted suppuration, profuse discharges, and threatening debility," from the use of the silk ligature. A continuance of this practice ought surely to be considered vastly more absurd and reprehensible, than that for which the French have been so much ridiculed, the introduction of quantities of charpie between the flaps of an amputated limb, as it were, for the express purpose of preventing speedy recovery; inasmuch as the silk ligature not only protracts the cure, but is productive, in many cases, of much greater and longer continued irritation.

# REVIEWS.

Quidquid venerit obviam, loquamur
Morosa sine cogitatione.—*Martial.*

ART. I.—*A Treatise on Clinical Medicine, being a compendious and systematic Introduction to Practice, as contained in the Memoranda of* I. R. BISCHOFF, M. D., Imperial Professor of Clinical Medicine, Physician to the General Hospital, and also to the Lying-in Hospital in Prague. (From the German, by JOSEPH COPE, M. D.) London, 1827. pp. 280.

(Continued from NO. XLII. page 392.)

INFLAMMATION OF THE SPLEEN is not frequent. It has this, in common with hepatitis, that it is frequently attended with gastric affections and pain of the shoulder, but this occurs on the left side. The treatment is similar to that of hepatitis, and in examinations of those who have died of this disease, traces of splenitis have always appeared.

PERITONITIS is most liable to occur in females. The principle causes of which, are their manner of clothing themselves, the greater chance of taking cold, and the irritable state of the uterus during menstruation and parturition.

This inflammation assumes a variety of forms in consequence of its furnishing a coat to almost every viscus of the abdomen. It partakes in the inflammation of these organs, and is often propagated from their surfaces. Hence the dis-

tinction of peritonitis anterior dorsalis, and lumbaris, from inflammation of the omentum and mesentery.

It acts a prominent part in puerperal fever. The peritoneum may be the seat of chronic inflammation. It lurks under the mask of many affections of the lower belly, as hysteric fits, cramps of the stomach, cholic, &c. Dropsies, indurations, and other adventitious structures, are not unfrequently the result of an inflamed condition of this membrane.

The seat of pain, and the absence of the essential symptoms of visceral inflammation form the diagnosis. The following are not devoid of interest.

Peritonitis Anterior.—"Veronica Maretschekin, thirty years old, a married woman, suffered abortion from violent exertion of the body, in the third month of her pregnancy; she lost much blood at the time, and the lochia flowed pretty freely for eight days; she returned notwithstanding to her occupation, and then first perceived pains in the belly, which extended themselves from the naval towards the pubes and loins. On the 3d of January, she came into the general hospital; she could not bear the slightest pressure of the hand on the abdomen, over which the pain extended itself completely; it was swollen and tense; she was costive, her pulse frequent and small. That extravasation had here already taken place, might be concluded from the continuance of the disease, and from the state of the abdomen; yet the inflammation continued in a high degree; the fever was moderate. Six leeches were applied to the abdomen, emollient poultices, glysters, and decoct. alth. cum mannâ were ordered. On the following day, as the bowels had not acted, half an ounce of sulphate of magnesia was given in mist. amygdalæ. The pains had somewhat diminished. On the 9th, the dose of the salt was increased to six drachms, by which some evacuations were procured. On the 10th, half a grain of calomel three times a day, and decoct. alth. was ordered. Several loose evacuations took place, with which came away an uncommonly great quantity of puriform matter, like coagulated lymph; in the urine also there was a copious sediment of a similar nature; the belly soon subsided, became soft and free from pain. On the 16th, the calomel was laid aside, the patient having no further complaint; decoct. lichen cum roob. dauci was ordered, and continued for some time, or till she recovered her strength. On the 1st of February, she went home cured."

Peritonitis Rheumatica.—"A robust servant-maid, seven-

teen years old, began to menstruate in her fifteenth year; this evacuation ceased the year after without cause, and had not since appeared. On the 4th of February, she experienced pains in her belly, attended with shivering and heat; these intermitted, but did not entirely relieve her; during a fortnight, she attended to her service, but her case at last became so bad, that she could not quit her bed. On the 20th of February, this patient came into the general hospital. She complained of dragging pains through the whole abdomen, which did not admit of the least pressure; the belly was tense, the fever moderate. Six leeches and poultices were applied to the belly, and oily glysters ordered. She took decoct. alth. mannat. She was much relieved by the loss of blood.

"On the 22d, she experienced acute pains in the left shoulder; a blister between the shoulder blades procured relief. As frequent loose stools had come on, decoct. salep. spiss. cum syrup. papav. was ordered. On the 24th, she had pungent pains in the left side of the breast, and also again in the left shoulder; a blister was applied to the sternum. On the 26th, a sediment appeared in the urine: the patient had perspired a little during the night: to assist nature in her critical efforts by the skin, the following was ordered. Stip. dulcamar. ʒij; ft. infus. ferv. ℥viij; adde sacchar. pur. ʒij. She afterwards took Plummer's powder, (hyd. sub. et sul. ant. pr. *p. æ.*) and lastly, a solution of Glauber's salt, to counteract costiveness, and she recovered. Suddenly on the 6th of March, she became worse; she had been imprudent in her diet, complained of headach, bitter taste, eructation, and tightness about the stomach. As yet there was no fever. An emetic, with fifteen grains of ipecac. and half a grain ant. tart. was given, from which she vomited several times. Mild laxative remedies, as dec. gram. cum potass. sulph. were had recourse to, and the sense of pressure at the stomach, which lasted the longest, disappeared. Her appetite returned. On the 12th of March she was discharged cured."

Puerperal Fever.—"The doctrine that a state of exhaustion and debility must necessarily be induced in the female constitution by previous childbirth, and its concomitant pains, anxiety, and loss of blood, is very pernicious. If we consider attentively the process of parturition, we shall come to a very different conclusion.

It is true, that the increased vitality of the parent during pregnancy, and the surplus of nutriment, as far as relates to the womb, ceases at childbirth; not so with the general habit.

The breasts which have so great a sympathy with the uterus, are now the seat of its action. This natural process may be disturbed by noxious causes of various kinds, in which case the increased vitality rushes back to the uterus or peritoneum, still in an irritable state, causing a violent action of the blood-vessels and inflammation, which, now the blood is surcharged with nutritious matter, has a great tendency suddenly to deposit it by secretion.

Hence the frequent inundation of an incredible quantity of a caseous or milky fluid, mixed with much water in the cavity of the abdomen, chest, or even the brain and extremities. To prevent this tendency to effusion, is the object of our art; it is the consequence of inflammation which often suppresses the other secretions, as the lochia; hence a modified antiphlogistic treatment, with reference to the character of the then prevailing diseases, is in these complaints of the most beneficial consequence.

The cases this year were unusually mild, often scarcely to be denominated puerperal fevers, and yielded to a simple treatment. This disease is often extremely violent, and attended with great mortality, to which the reigning epidemic greatly conduces. The following were cases treated in the hospital.

"Febris Puerperalis Levior.—Elizabeth W. nineteen years old, a maid-servant, was, on the 23d of December, safely delivered of a healthy child: she lost a good deal of blood. On the 24th, without apparent cause, there came on headach, vertigo, sparkling of the eyes, ringing in the ears, shivering and heat, with pains in the abdomen. She was admitted into the hospital on the 28th, with pain in the head, the breasts were swollen and hard, the abdomen distended, and painful to the touch, particularly towards the left ilium; the lochia flowed copiously, the pulse was frequent, contracted, and somewhat hard. Emollient cataplasms were applied to the belly, and similar glysters injected, and in order to derive the milk from the breasts, she took potass. sulph. et roob. samb. ex. dec. alth.; warm cloths were applied to the breasts. Moderate evacuations by stool took place, the belly subsided, the milk came away partially from the breasts, the fever abated, and she felt herself so much better, as to desire her discharge, to be employed as a wet nurse; she left the hospital cured on the 5th of February. This case was an incipient puerperal fever, the development of which may often be fortunately prevented by a simple mode of treatment.

"A second case of a maid-servant, thirty years of age, and who was delivered on the 30th of May, was equally fortunate. On the fourth day after parturition, a shivering, with subsequent heat and darting pain in the abdomen, but more particularly near the

pubes, came on; she could not bear pressure on the part. When admitted on the 4th of June, the head was oppressed and painful, the tongue dry, the breathing free, the breasts full of milk, the abdomen somewhat distended, and not suffering pressure near the pubes; the lochia flowed, the stools were regular, the heat of the body increased, the pulse moderately quick, tense, and somewhat hard. Decoct. alth. mannat. and emollient cataplasms were ordered. On the 5th, the headach was much diminished, the breasts still tumid with milk, the abdomen was, after four evacuations, almost entirely reduced, and the pain insignificant. The milk was taken from the breasts by means of glasses for that purpose; it came in part spontaneously away. During the following days, her recovery advanced uniformly, and with mere attention to her regimen, she left the hospital on the 8th of the month.

"The third case was that of a maid-servant, twenty-three years old, who was delivered on the 8th of December; there was a wrong presentation and tedious labour; in a few hours after delivery, shivering, heat, and headach came on. On the 10th, she came into the clinical hospital; the pain in the head was violent, the tongue white, no milk in the breasts, the belly enlarged, the hypogastrium throughout very sensible to the touch, and pressure thereon gave acute pain; the heat of the body was moderately increased, the bowels costive, the lochia suppressed, the urine dark red, the pulse frequent, small, and somewhat hard. Ten large leeches were applied to the belly, emollient poultices and glysters were employed, and decoct. altheæ mannat. ordered. On the 11th, the headach had abated, the thirst was still great, the tension of the abdomen diminished, the inflammation seemed now to affect the left ovary, near which she could bear no pressure, the urine deposited a mucous sediment, the lochia returned during the night, she had a moderate alvine evacuation, the pulse was moderately frequent, somewhat tense. Six leeches were repeated to the seat of pain, and mistur. amygd. given for her drink. On the 12th, she was much better, the abdomen was soft, the pain greatly diminished, there was sediment in the urine, and abundance of lochia. Her amendment now proceeded, the pain disappeared, the lochia became natural, the breasts were filled with milk, the secretion of which was encouraged, as the patient was desirous of becoming a wet-nurse. On the 19th of December she was discharged cured."

Dysentery.—This disease during many years had seldom visited Prague. This year it was only sporadic, and during the months of June and July, which were moist, the nights were uncommonly cold, and gave rise to numerous diarrhœas. Dysen-

tery came on first as a diarrhœa, which, if neglected, became attended with shivering, feverish symptoms, tenesmus, and tormina, when but little fæces were voided. If still further neglected, the stools became bloody, the fever increased, and genuine *Enteritis* was formed, when, instead of frequent stools, no alvine excretions occurred. The treatment of this disease must be guided by the character of the fever; at the same time we must not forget, that an inflammatory state of the intestines to a greater or less degree, is always present. Mild mucilaginous remedies, as salep, altheæ, acacia, and emulsions answer best, or should gastric impurities be evident, gramen, manna, ammonia murias, ipecacuanha, and afterwards calumbo, cascarilla, cinnamomum, emollient cataplasms, and mucilaginous glysters (in small quantities and often repeated), form an essential part of the treatment. Where a true inflammatory state prevails, leeches to the rectum or even to the surface of the abdomen are indicated. If tormina continue after the inflammatory tendency is overcome, opium is the best remedy; strict regimen and carefully avoiding cold are of great consequence. Under this treatment, the cases which occurred this year, were cured in from eight to fourteen days. The following was treated in the clinical ward.

"Dysenteria Inflammatoria.—Josepha Daubrawa, a maid-servant, eighteen years old, having enjoyed constant good health till in her seventeenth year, she was seized with a violent nervous fever, and from which time her menses had disappeared, was attacked with a dull pain in the abdomen (attended with shivering), which, according to her description, extended towards the anus. In the evening she had seven loose evacuations, and frequent griping, which was soon followed by an inclination to stool, by which generally little was evacuated; this was attended with a burning feel about the anus. These symptoms increased daily; some streaks of blood appeared in the evacuations, and at length nothing but blood came away.

"On the 14th of July the patient came under our care. She complained of headach, loss of appetite, her tongue was white, the abdomen tender to the touch, more particularly under the right flank, in the course of the ascending colon; she had had, during the day, several stools attended with griping and tenesmus; the heat of the skin was increased, the pulse feverish. Ordered, rad. salep. ℈j.; coq. ad dissolut. col. ℥viij. adde mucilag. acac.; syrup. papav. āā ℥ss. six leeches to the abdomen, and emollient cataplasms.

"On the 15th, the urine deposited a branny sediment, and diaphoresis came on; the abdomen continued painful, and she could

not bear pressure; the leeches were repeated, and the other remedies continued: towards evening a bleeding from the nose took place, and she was, as far as regarded the headach, much relieved.

"On the 16th she was much better; the stools were less frequent, as well as the griping and pain. During the night the menses re-appeared. Nothing was changed in the treatment till the 20th, when merely decoct. alth. simp. was ordered, with which she recovered entirely."

Inflammation of the Joints—Arthritis.—*Inflammation of the Joints, and Gout.*—The author attempts to distinguish between this affection and rheumatism, to which he admits its strong resemblance; in this we think he has altogether failed. We shall pass by the mode of treatment, &c., as it is the same that would be employed in other rheumatic cases. For information on this subject, we must refer to our review of Hawkins on Rheumatism, in No. 39 of this Journal.

Exanthemata.—*Erysipelas.*—This year was fruitful in eruptive diseases. Erysipelas was frequent, especially of the face, to which females were peculiarly liable. Exposure to cold, or indulgence in fat meats, were generally deemed exciting causes. Six cases came to the hospital, five recovered and one died. The treatment was in the beginning antiphlogistic, being particular in keeping the body open with neutral salts. When the fever moderated, and the inflammatory state had subsided, mild diaphoretics were employed.

Topical applications consisted of dry warmth, which was effected at first by light cloths, and afterwards by means of sacks of elder and chamomile flowers; if these were applied in the beginning, or if, as is not unusual, the part was rubbed over with camphor, they were insupportable from the burning pain and increased heat which they occasioned. The custom among the common people of applying white lead, or an ointment made of it to erysipelas of the face, is still more pernicious.

It is sufficient to prevent the access of air by a light covering. If the head is much affected and fever violent, leeches must be applied to the head and blisters to the extremities; bleeding is only to be used in urgent cases, and with great circumspection, and is always in this disease a doubtful remedy. Deranged state of the *primæ viæ*, and of the liver and its functions, are causes of erysipelas. The latter are known by yellowness of tongue and countenance, and by tension and weight at the præcordia. In such cases anti-bilious remedies as potass. tart. et supertart. vin. antim. tamerindi; and when nausea exists, emetics may be employed.

"ERYSIPELAS FACIEI PUSTULOSUM.—John W. twenty-eight years old, fell sick on the 26th of November, 1822, without assignable cause, and came on the 29th, into the general hospital; he had violent pains in the forehead, dosed frequently, but without rambling; the whole of his face was swollen and very red, in the middle of which blisters rose, filled with lymph, attended with great pain and tension. The eye-lids were quite closed, the tongue dry, the urine pale red, with a slimy sediment; the heat of the skin increased, the pulse equal, full, and soft; he took, decoct. alth. with half a drachm of nitre, two drachms of Glauber's salt, and half an ounce of elder roob. the face was covered with a dry cloth.

"On the 30th of November, the fever abated, but he had no stool, for which a glyster was ordered. December 1st, the patient felt pain in swallowing; on examination, the external glands of the neck were found enlarged, to which warm cloths were also applied. December 3d, the fever and erysipelas had almost disappeared, the skin scaled off; and on the 6th, all morbid appearances were gone. On the 11th, he went home cured."

"ERYSIPELAS FACIEI GRAVIORIS NOTÆ.—A bad case happened in the person of Anna Klaudin, a woman in her forty-eighth year. She was, on the 14th of December, 1822, taken with shivering and subsequent heat, followed by tension, burning, redness, and swelling of the face, so that she could not open her eye-lids. She complained on her admission, (the sixth day of the disease,) of headach, vertigo, and tinnitus; the fever was violent, she had had no stool for five days. Six leeches were applied behind the ears, sinapisms to the calves of the legs, and dry, warm cloths to the face. Inwardly, dec. alth. ℥viij. pot nitrat. ʒj. potass. sulph. ʒiij.; roob. sambuci, ℥ss. a glyster with salt. By the continued use of this remedy the fever abated, as also the swelling of the face, which scaled off; the urine separated, so that on the 1st of January all the symptoms had nearly disappeared, and the mixture was discontinued. But from an imprudent exposure to cold, the erysipelas appeared to be coming again in the face. Mild remedies to evacuate the bowels and promote diaphoresis, as dec. graminis, cum sodæ. sulph. et roob. sambuci, and warm cloths renewed to the part, prevented its breaking out. On the 18th, she was quite recovered, and went home to her family cured."

THE MEASLES.—(Morbilli.) The only widely extended epidemic of this year, was the measles, which began to appear sporadically in the winter, but soon spread and raged with uncommon violence and extent, particularly in March, April, May, and June, gradually disappearing in the months of July and August.

Generally it was not malignant, and not to be compared in point of danger with the scarlet fever of 1822. Many serious cases occurred. Children were chiefly attacked; and it proved fatal to many by the accession of violent trachial and bronchial inflammation, constituting croup (angina membranacia of the Germans,) and bronchitis; as also by their repercussion or passage into the *putrid* state.

The attack was always attended with symptoms of catarrh; and, if a child was seized with bad cough, the practitioner should be on his guard against the probable consecutive measles. This cough lasted some days, with coryza, a flow of tears, and sneezing; child restless, no sleep; and, within three or four days, (sometimes much later,) feverish symptoms and shivering occurred.

Often the fever and catarrh appeared suddenly. The eruption generally appeared after the second or third paroxysm; first on the face and breast, then on the extremities and remainder of the body. The patients complained of pain in the head; tongue white, no appetite, thirst great, cough violent, mostly dry.

True peripneumonia, or bronchitis, attended with difficult breathing, oppression of the chest, inability to draw a deep inspiration, anxiety, and restlessness, readily came on. The bowels mostly costive; though, towards the close of the disease, a particular tendency to diarrhœa was present. Sometimes the diarrhœa preceded the catarrhal symptoms.

Bleeding from the nose, believed by Von Wichmann to be a pathognomonic sign, was seldom present in this epidemic; and the peculiar sweet smell, like feathers plucked from a live goose, mentioned by Von Heim, was not observed. The eruption appeared in solitary deep red spots, paler in their circumference, size of a lentil, with a small knot in the middle, raised above the skin. These spots soon multiplied; so that the redness became general, presenting a marbled appearance.

Frequently ophthalmia took place; which passed off without any particular attention. It was only necessary to avoid the light.

When a regular course was observed, the eruption began to disappear about the sixth day; branny scales followed, and with these the morbid symptoms disappeared. The cough was the last to give way.

In the inflammatory affections of the chest, there was a great tendency to effusion; and hydrops pectoris, or even anasarca, was the consequence.

Inflammation of the brain and subsequent convulsions, which

soon proved fatal, were complications which occurred if the child was teething. The treatment was simple, and moderately antiphlogistic. It was in general sufficient to give decoct. alth. with a little flor. papav. rhæad. or verbasci, and mild drinks of an infusion of mallows, or a decoction of barley with liquorice root. If febrile symptoms ran high, a few grains of nitre were of great benefit; external irritation, and sinapisms to the legs, were employed with good effect. Diarrhœa required mucilaginous soothing remedies, as salep root, and small doses of ipecac. which proved excellent. Dover's powder could rarely be employed with this view. Local mischief, especially of the chest, required leeches and cynanche, the most energetic antiphlogistic treatment; else, suffocation took place. With regard to regimen, a moderately warm temperature, roomy, dry apartments, and cleanliness, conduced much towards a happy result. The following case was treated in the clinical hospital.

"Morbilli cum Diarrhœa.—Karl Raholiska, twenty-one years old, a law student, was, on the 7th of January, seized with shivering, and subsequent continued heat. On the 8th, coryza came on; which increased, with frequent sneezing. On the 9th, he had pain in the eyelids; on the 10th, pain in the forehead, with some cough; in the evening, he remarked that his face was full of red spots; he still went abroad. As, on the 11th, these spread; he came on the 12th into the hospital. The symptoms were headach, burning and oppressive pain in the eyes, the vessels of the conjunctiva developed, a tickling of the nose, and obstinate catarrh; the whole body covered with the eruption, the tongue white, thirst, violent dry cough, yet without pain of the chest; considerable fever and diarrhœa, (seven stools this day,) the pulse frequent, full, and soft. Ordered, rad. salep. ℈j.; coque ad solut. colat. ℥viij. adde sacch. pur. ʒij.; R. pulv. rad. ipecac. gr. ij.; sacch. pur. ʒj. m. f. pulv. div. in dos. sex; one to be taken every three hours. Mistura corn. usti for his drink. On the following day, fifteen grains of muriate of ammonia were added to this mixture; in other respects he was the same, he had had two liquid stools. On the 15th, the eighth day of the disease, were observed marks of desquamation; the purging was less violent. On the 16th, the urine threw down a branny sediment; the appetite returned, the cough was less violent, the powders were given less frequently. The amendment thus begun, was not again interrupted; and, on the 22d, the desquamation was ended. On the 24th, he returned to his studies."

The Scarlet Fever of 1822 ceased in November. This season only one case presented itself.

"Scarlatina Maculosa.—John Peschata, sixteen years old, an apprentice, of a scrofulous habit, was seized on the 18th of November with headach and considerable heat; on the 19th, pains in the throat came on, followed by enlargement of the tonsils, and much difficulty of swallowing. On the 20th, he had an itching over his whole body, with great thirst. On the 21st, he was received into the clinical ward. Pain in the head, sparkling eyes, animated look, and thirst; the tonsils and velum pendulum very much enlarged and inflamed, deglutition very difficult, the tongue white, the whole body covered with the scarlet eruption; he had many loose stools, the pulse was very frequent, small, and tense. Ordered, decoct. salep. ℥viij. mucilag. acac. ℥ss. sacch. pur. ʒij. four leeches to the neck, an emollient gargle and cataplasm. On the following day, as the symptoms had not diminished, the leeches were repeated, and sinapisms applied to the legs, to cause a greater revulsion from the head. During the course of his fever he had twice bleeding at the nose, and on the 27th desquamation took place, and the fever was terminated by critical sweat and urine. On the following day a considerable tumour of the glands of the neck came on, but without fever; half a grain of calomel was given three times a day, and emollient cataplasms applied: it however suppurated, burst, and left a hardened state of the surrounding parts. This was at last reduced by mercurial friction, and emollient poultices with hemlock; the abscess closed by degrees, and after several weeks he was discharged."

Contagious Typhus.—The changes from snow-storms to wet weather in April, contributed to the rise of typhus this season. At the beginning, this disease appeared in a two-fold manner; as gastric bilious, and as catarrhal fever: the former was accompanied by dulness, and a yellowish redness of the eyes, the tongue had a thick yellow coating, there was fruitless inclination to vomit, tightness in the region of the liver, with frequent mucous or watery stools; the latter by a dull headach, abhorrence of light, conjunctiva bloodshot, coryza, cough, and slight pneumonic symptoms. It commenced with shivering, and subsequent heat; the head became affected; excessive stupor was a constant symptom; the face flushed, having a peculiar cast of stupidity or indifference; the look peculiarly changed; the eyes half closed, as if in sleep, or twinkling; speech hasty and stammering, or slow and heavy; hands trembling. Wandering soon occurred, from which at first they could recover themselves, but finally sunk into absolute insensibility. During the night most restless, attempting to get up, so as only to be restrained by a *strait waistcoat*. Towards morning a copious

perspiration took place. The skin was indeed always found in a perspiring state, (*sweating disease*?) a circumstance, which in general does not attend typhus; pulse generally very frequent, full, and somewhat hard. Within no determinate time, but mostly from the fourth to the sixth day, the peculiar eruption occurred; it had a strong resemblance to measles, which could be ascertained with the greatest accuracy, as there were many patients then labouring under the measles. It often could not be distinguished from the appearance which they had six or eight hours subsequent to their eruption, if the manner of it, the violent affection of the head, the stupor, and less marked complaints of the thorax, and less frequent occurrence of measles in adults, had not aided in forming the diagnosis.

Our author observes, that "the name *exanthema morbilliforme typhosum*, may be considered as forming its characteristic." It consists of red spots, scarcely raised above the skin, of various shapes, often long or oval, the size of millet seed, not disappearing on pressure, most evident on the breast and forearms; in a few cases extending over the body, and disappearing in two or three days; without any evident desquamation. But the disease pursued its course, extending to the fourteenth, seventeenth, twenty-first, or twenty-fifth day, and in many cases still longer. Where bleeding at the nose, or moderate diarrhœa occurred, the recovery was more easy; and when the bowels became constipated, the delirium was more violent. It was only in a few cases this year that a nervous state, with absolute debility, was observed; but the disease went on with stupor and heaviness of the head, generally a dry tongue, though the skin was inclined to moisture; the pulse was full, or weak and oppressed, urine of a dull red colour, without sediment till the fourteenth or seventeenth day, when an exacerbation occurred, and it then threw down a sediment; copious perspiration came on, and the period of recovery took place. The cerebral affection readily assumed an inflammatory character, and not unfrequently also inflammation attacked the chest; with some, pharyngitis appeared, and these cases were, as in 1813, certainly fatal.

The red or white miliary eruption was equally pernicious; it appeared on the ninth, eleventh, thirteenth, or sixteenth day, with symptoms of violent oppression of the chest, and continued some days without any striking change of the disease; it often suddenly disappeared, occasioning great anxiety, delirium, spasms, and convulsions, which soon terminated in the death of the patient.

Petechiæ generally appeared on the sixth, eleventh, or four-

teenth day, sometimes accompanying the miliary eruption, and in a few cases attended by the characteristic typhus exanthema; they soon disappeared, and did not appear to influence the result of the disease. In one case black streaks (vibices) were observed. The character of the fever determined the mode of treatment, which was rather observant than active; in the catarrhal cases, rather of the antiphlogistic kind; where bilious symptoms prevailed, mild anti-gastric.

Emetics were rarely admissible, from the inflammatory tendency in the brain, and violent affection of the head. In delirium, the head was kept cool; when violent, cold applications were resorted to; leeches and cupping on the neck were employed to great advantage.

Rubefacients and epispastics were of great use in the more advanced stages. Emollients, such as salep. altheæ, according to circumstances, with nitre or muriate of ammonia in the catarrhal cases, and mild aperient ones, as gramen, tamarindi and ammon. mur. in the bilious ones, were given in the beginning. Where there were no urgent symptoms, the object was to support the vital powers. Camphor and stimulating remedies were seldom employed, as the vital powers were rather oppressed than deficient, there being at the same time a prevailing tendency of blood to the brain, and the skin in a perspirable state. The oxygenated muriatic acid, which was taken willingly, owing to its mild and not unpleasant taste, was used with good effect. It appeared, when given in the quantity of two or three drachms to the eight ounce mixture, in some cases greatly to moderate the course of the disease, and to contribute to its happy issue in the form of a simple, though protracted gastric fever. It tended to open, rather than confine the bowels, without causing diarrhœa; if purging occurred, it was inadmissible; it was occasionally mixed with the patient's drink. If a *putrid* tendency manifested itself, acid sulph. dilut.; elix. acid, Haller, and elix. vitriol, Mynsicht, were employed with success, when a diarrhœa did not contra-indicate their use. Diarrhœa, if moderate, was not of consequence, but if constant purging occurred, meteorismus and exhaustion followed. In such case, the decoc. salep. rad. arnicæ. ipecac. and in very urgent cases, ext. tormentil, from half a drachm to a drachm; mucilaginous glysters and aromatic fomentations were very useful, moderating the diarrhœa without suppressing it.

When trembling, spasms, and convulsions occurred, oxyd zinci, sometimes musk, with cutaneous irritation, were employed with advantage.

Venesection was entered upon in this epidemic with great

caution, and then only when symptoms of violent inflammation appeared, which would not yield to repeated topical bleeding. Convalescence was in general, short. The following cases were treated in the clinical hospital.

"Typhus Contagiosus Levior.—A young man, twenty-one years of age, of a sanguineous and robust habit, was taken, without assignable cause, with lassitude, heaviness in the head, loss of appetite, and pain at the stomach. After an emetic prescribed by a physician, and which operated twice, he had a violent shivering and subsequent heat, great stupor and some loose stools. As these symptoms increased daily, he was on the 14th of April (the eighth day of his illness) taken into the clinical hospital. The patient had great pain in the temples, with considerable stupor; his nights were very restless, in which he rambled; his countenance was dull and flushed, the eyes bloodshot, ringing in the ears, the tongue white and moist, the thirst great, and a trifling cough; though the chest as well as the abdomen, except a sense of pressure at the stomach, were free from pain; he had had one loose stool, the pulse was frequent and soft. An eruption of small red spots was perceived on the breast, which did not vanish by pressure, which also, though less evident, was to be seen on the forearms; he was ordered decoct. alth. cum ammon. mur. ℈j. et sacch. purif. On the 15th, the cephalic symptoms continued, he could not raise himself without vertigo, the eruption also remained, the urine quite red, there was a cloud in the middle, the other appearances as before; a blister was applied between the shoulders. On the 16th, the eruption had disappeared, the cough was somewhat worse, the urine had a cloudy deposit. On the 17th, he wandered a little, the ringing in the ears continued, and he had five loose stools. Powders, with a quarter of a grain of ipecacuanha, were given three times in the day. In this mild state the disease went on with a uniform but moderate degree of stupor. On the 20th, (the fourteenth of the disease,) the urine threw down a mucous sediment, and the cough was attended with an abundant, thick, gray expectoration, which gave him great relief. The skin was during the whole disease soft and moist. The tongue now began to appear clean, his appetite returned, and all the disordered functions were gradually restored; still the ringing in the ears continued to the 27th of April, the twenty-first of his illness. He recovered with a nourishing diet, and was discharged cured on the 3d of May.

"This was the mildest case of typhus this year, and of which there were but few equally so; the simple treatment confirms Hildenbrand's decision, that typhus fever scarcely admits of other

means of cure than the sanative powers of nature, with due attention to circumstances."

"Typhus Contagiosus Gravior.—D. Wenzel, a youth, eighteen years old, of a robust habit, was on the 8th of April, without apparent cause, taken with violent cold and subsequent heat. An emetic administered gave him little relief, a dry cough came on, and the fever continued. On the 15th, (the seventh day of his illness) he came into the clinical hospital with the following symptoms: Stupor, with a dull pain in the forehead, flushed countenance, great thirst, a deep inspiration brought on cough, the breathing in general was not free, the heat of the skin increased, and attended with copious perspiration; the urine high coloured, the pulse frequent, full, and pretty strong. Ordered, dec. alth. cum pot. nit. ʒss.; his cough became milder, though the fever continued with great heat, and on the 18th, the characteristic typhoid eruption showed itself on the breast and upper extremities; the cerebral affection remained the same. Dec. alth. cum acid. mur. oxygenat. ʒij. was given, and increased to three drachms; meanwhile, the stupor, tinnitus, and muttering delirium continued; a blister was applied. On the 20th, the eruption had disappeared, the stupor remained, the pulse frequent and somewhat sunk. On the 21st, (the thirteenth of the disease) he had some loose stools, the head was easier, he had a general diaphoresis; the urine pale yellow, with a floating cloud, the cough was more frequent, but less violent. As the bowels became too relaxed, the oxygenated muriatic acid was laid aside, and in its stead a scruple of muriate of ammonia was employed. On the 22d, consciousness returned, the patient was lively, the cough somewhat dry, the skin desirably moist, the urine pale red, with a sediment, the pulse moderately frequent and sufficiently strong. As the cough was troublesome to him, dec. sem. lini. cum ext. hyos. gr. ij. was ordered, and continued for some days. His convalescence soon followed, he regained his former health, and left the hospital on the 5th of May."

Intermittent Fevers were seen in Prague in 1813, and before that time pretty frequently; they have, however, for the last ten years rarely occurred, from some unknown cause. The present year they were somewhat more frequent; still, only sporadic, and generally very mild. Tertians and quotidians are most frequent. They are almost always removed by neutral salts, particularly mur. ammon.; where there is gastric impurity, combined with small doses of ant. tartariz.; taraxicum, afterwards, with rad. caryophilat, flor. anthem, and bitter remedies, and when these do not answer, after five, seven, or nine paroxysms, by small doses of Peruvian bark. Ten years ago

emetics were beneficial; at present they are not so generally indicated.

It is deserving of remark, that notwithstanding intermittents are rare, yet, in each year, some appeared masked under the form of violent headach, and were often not easily made out, though their periodic attack, a slight trace of shivering, with subsequent heat and obstinate resistance to the remedies employed, led to their diagnosis. They were cured by the Peruvian bark.

We come next to *chronic diseases*, and first, of *hæmorrhagies*.

Hæmoptoe happens generally between the ages of fifteen and thirty-six. A predisposition to this disease is grounded on the formation of the body; for instance, a long neck, wing-like shoulders, and bending forwards, narrow flat chest, and circumscribed florid complexion, and when in early youth the nose was apt to bleed, stopping suddenly at the period of manhood; such are liable to hæmoptysis, if they are not so fortunate as to suffer from hæmorrhoids. The most frequent occasional causes are, exposure to severe cold, especially the cold bath when the body si heated, running, dancing, anger, crying, singing, blowing wind-instruments, &c.; intemperance, irregularities in hæmorrhoids or menses, and mechanical injury of the chest.

It also occurs as a symptom in inflammations of the lungs, consumption, affections of the heart or great blood-vessels, from constipation and putrid or scorbutic crasis of the blood. In the treatment, should the removal of the cause, as is usual, be out of our power, we should then distinguish between the active and passive hæmorrhage; in the first, we must begin with venesection, which is the only remedy, and not to be replaced by any other.

The usually full and hard pulse, sudden attack, and florid frothy blood, should induce us to adopt this with energy, particularly in plethoric habits; but we should not be deterred from its use by the small and apparently weak pulse, pale countenance, and cold extremities, which are mostly the effects of fear; the pulse often rises on its adoption, and becomes full and hard. It is only contra-indicated by great debility, exhaustion from excess, protracted anxiety of mind, or where there is absolute torpor and debility of the lungs. We must employ mild, cooling, and mucilaginous remedies, as altheæ, emulsions, gum arabic, and cooling drinks, to which small doses of nitre should be added when the evacuated blood is very tenacious.

If bloody expectoration continues after venesection and other means, and the pulse does not seem to allow of greater depletion, we should gradually resort to sinapisms, dry cupping in remote parts, and leeches to the breast, or even the anus, as re-

vellents; and inwardly, symphytum, alumen, acid. tartar, and if there is spasm, ext. hyos. cum ipecac. in small doses. Where there is great irritation and frequent pulse, acid, sulph. dilut. elix. acid Halleri, digitalis, and cold embrocations, to the chest; taking care not to increase the cough thereby.

Dr. B. observes, "should all these means prove ineffectual, and, by renewed attacks, the system become exhausted, and a fatal issue seem probable, I have found the most desirable effect from dried common salt, taken in powder, a tea-spoonful at a time; the bloody expectoration almost immediately ceased, nor was the cough or nausea increased; the unpleasant burning of the throat from its exhibition was removed by drinking after it some mucilaginous liquor." To this may be added, quietude of body, calmness of mind, cool temperature, silence, loose clothing, and attention to the bowels.

"Hæmorrhagia Uteri in Gravida.—A maid servant, twenty-eight years old, four months gone with child, after a violent fright, was seized with spasmodic pains in the loins and thighs; she at the same time had an appearance of blood from the vagina. On the following day, the pains were extremely violent, and there appeared some clots of blood; on the third day, by the use of some remedy, the pains were diminished, but the hæmorrhage continued, for which she came, on the 23d of January, (the tenth day of her illness,) into the hospital. The head was free from pain, the countenance somewhat pale, her thirst moderate, the tongue clean, the breathing good; the pulse was quick, spasmodically contracted, and rather hard; she could not bear pressure on the hypogastric region, the blood flowed pretty freely, one could distinguish the enlarged uterus. She had no stool for three days. She was ordered to be kept quiet in bed, and decoct. altheæ cum extr. hyosc. gr. ij. and emollient glysters were prescribed. As no evacuation followed, decoct. alth. mannat. was given, which procured some moderate stools. For the hæmorrhage, she now took a third of a grain of ipecac. every three hours, and, as her costiveness returned, decoct. gram. cum magnes. sulph. By a strict diet, and the above treatment, the hæmorrhage ceased, the pains were removed, and, after twelve days, she returned, without suffering abortion, in good health, to her home."

"Diseases of the Primæ Viæ.—*Diarrhœas* were in this year, as diseases, not uncommon; as a symptom in other diseases, they were as usual, very frequent; they required (as they were in general of such standing that they could not any longer be left to nature) soothing and appropriate remedies, as salep. mucilag. acaciæ, rad. arnicæ, cascarilla, calumba, tormentil, ipecacuan, pulv. ipecac. comp. aq. cinnamomi, myristica, faba

pichurim, enemata amyli; very often the most simple means effected a cure.

A maid servant came, on the 10th of February, 1823, into the clinical hospital, who, four days before, from a violent fright, was seized with tormina and flatulency, followed by a violent enervating diarrhœa. The abdomen was collapsed, the stools were still frequent and watery, she was without fever, but very much exhausted; decoct. salep. spiss. ℥viij.; extr. calumb. ℈j.; aq. cinnamom. simp. ℥ss.; with this simple remedy she was cured in four days."

Constipation is the cause of a number of diseases, though of itself it is rarely deemed a disease. If it continue many days, it produces violent colics, and even incurable inflammations; yet the most obstinate cases of costiveness often yield to a mild treatment.

"An embroiderer, twenty-six years old, from her sedentary mode of life, had no stools during nine days; various domestic remedies were tried in vain; she came, in consequence, on the 23d of April, into the clinical hospital, free from fever; the abdomen was hard and tense, and, on moderate pressure, she felt a darting pain in the left flank. She had ordered, emollient glysters, and decoct. gramin. ℥viij.; magnes. sulph. ℥j.; by which she had one evacuation, hard, and in small quantity; by the continuance of the same remedies during the following days, several loose evacuations took place; and, as they were accompanied by griping, powders with half a grain of the extract of hyoscyamus were given; and afterwards her medicine was changed for inf. r. caryophyll. cum tinct. rhei. in order to remove the want of tone in the intestinal tube, which was in this case the cause of the obstruction. From the continuance of this remedy, the alvine excretion became regular, and after three weeks she left the hospital cured."

Dropsy belongs to the class of diseases which are difficult to cure. The causes are various: such as taking cold by an exposure to a current of air, cold drinks, or checked perspiration, obstruction, repelled eruptions, diarrhœas suddenly checked, gout, depressing passions, damp dwellings, hæmorrhagies, drying up of ulcers, insidious inflammation of the intestinal tube, scarlatina, checked intermittents, debility, and plethora.

Hydrothorax is often the consequence of organic disease of the heart or its appendages, and it often accompanies phthisis and other thoracic affections. The mode of treatment in dropsy must vary with the cause. When the first indication (the removal of the cause) has been attended to, or is no longer in our

power, we should next endeavour to effect the removal of the accumulated fluid from the body.

Dropsy consists chiefly in a derangement of the balance between the exhalents and absorbents, by which absorption is diminished or entirely interrupted.

If plethora, or an inflammatory diathesis, is present, a moderate antiphlogistic treatment is indicated; here potassæ supertart. nitras vel acetas, and acid drinks or digitalis, and venesection according to circumstances are to be employed. Bleeding is a very effectual remedy, but it should be adopted with caution. It is most beneficial at the outset, when the disease occurs with acute symptoms; such cases result from inflammatory catarrhal affections, and inflammation of the lungs, in phlegmatic habits, where dropsy is frequently the consequence of neglecting venesection when it was requisite.

Topical evacuations of blood are often required in the febrile cerebral dropsy of children, and in that which follows scarlatina.

Many dropsies are unobserved at their outset, and many have causes which render venesection inadmissible; a suitable regard to the difference of the causes will decide what remedies are requisite, whether those that act by the kidneys, alimentary canal, or skin. In general dropsies, the most effectual diuretics are, rad. ononidis et levistici, juniperus, petroselinum, potass. supertart. vel acetas, soda, potassæ carbonas, scilla; the last is scarcely admissible where there is increased action of the vascular system; in such cases, digitalis is preferable, the most profuse diuresis often follows a small dose of this remedy, such as eight to fifteen grains of the dried leaf to six oz. of infusion. Should it produce its peculiar effects on the brain and circulating system to too great an extent, we must discontinue it; and, if we do not desire to reduce the circulation so much, two or three grains of camphor added to the infusion, will remove its bad effects, and act beneficially on the skin. If suppressed cutaneous disease be the cause, sambucus, dulcamara, liq. ammon. acetas, ipecac. ant. tart. ant. sulp. præcip. are of signal efficacy. Calamus aromaticus, imperatoria, abrynthium, senega, spt. ammon. anisat. and, in obstinate cases, ext. lactucæ, scariol, and oxymel colchici have often excellent effects.

To excite counter action, purgatives, and, where there is great torpor of the intestines, drastic ones, as calomel, jalap, and gratiola, are often efficacious. Diuretics fail in many cases, and, should an exhausting diarrhœa take place, we are to have recourse to opium, which, in some cases, had such a desirable an effect on the urinary and cutaneous secretions, that its continued use essentially contributed to the cure.

"Hydrops ex Morbillis.—Maria Kümlin, seven years old, was brought by her mother to Prague, in the harvest, after she had just recovered from the measles. On the road they were drenched with rain. The child soon began to cough, to breathe short, and her body to swell. She was thus admitted on the third day of her illness, apparently in a dying state. Her pulse was scarcely perceptible, the hands and feet cold, the respiration extremely difficult, short, and anxious; a deep inspiration was prevented by pain, the face and eyes swollen, the abdomen tense and enlarged: there was also diarrhœa. Four leeches were immediately ordered to the chest, which it was necessary to repeat; the day following, dec. salep. spiss. cum saccharo was given. After the diarrhœa had abated, she had an infusion of fol. digit. gr. viij. in dec. salep. ʒviij. Blisters were laid on the chest, afterwards dec. gramin. cum potass. acetat. et oxym. scillæ; and, lastly, infus. rad. levistici (ex ʒij.) cum potass. acet. et œleo-sacch. juniperi, ordered. The breathing became more free; in proportion as the urine increased, the swelling diminished; and in a short time the body lost its monstrous appearance, and, during an abundant diuresis, returned to its natural state. On the 10th of August, after sixteen days' residence in the hospital, she was quite recovered, so that she was able to return home with her mother."

Obstructions of the abdominal viscera, especially of the liver and portal system, are the principal causes of hypocondriasis. A sedentary life, crude indigestible food, depressing passions, gout, hæmorrhoids, and hereditary predisposition, are the chief sources of these affections, which are mostly attended with hypochondriasis and hysteria.

"Infarctus.—Joachim K. a surgeon from Hungary, twenty-four years old, of a choleric temperament, black hair, sallow complexion, and robust habit of body, two years ago, had an obstinate intermittent fever, which he did not get rid of for several months; since when he suffers from ennui, dislike of occupation, and loss of his spirits.

"On the 2d of February, 1823, he came into the clinical hospital; he complained of frequent headachs, with being cast down and gloomy, so much so as to shed tears; his tongue was white; he complained also of loss of appetite, though he ate as much as a person in good health would; he had a bitter eructation and tightness at the stomach, his breathing was attended with an oppressive dragging pain and distention, the belly was enlarged and tense, the bowels costive, his ideas were always gloomy, and his thoughts directed to his complaints; decoct. gram. ʒviij.; sodæ sulph.; mellag. gram. ā ℥ss. After six days'

use of this remedy, he found himself something better: the following pills were ordered, ext. menyanth.; sapon. dur.; fell. tauri inspiss. ā ʒj.; rhei; ext. chelidon. maj. ā ʒss. calami pulv. q. s. ad formand. pil. gran. trium; sumat quatuor nocte et mane. When the bowels did not act, a solution of sodæ sulph. in dec. gram. was given: the patient was much better, he became more cheerful, his belly softer; he said that he felt better than he had been for many years; and, in order to undertake a journey, which, in such cases, is often better than medicine, he left the hospital."

Cutaneous Affections.—*Scabies.*—In the cure, we should distinguish between what lately appeared and that of some continuance. The first often yields to cleanliness and a few external applications; sulphur is among these pre-eminent. When it has become chronic, it must not be repressed suddenly, for the most dangerous acute and chronic diseases are not unfrequently the result of this disease having been too suddenly cured long before. The case treated in the hospital was slight, and was soon cured by sedulous washing with soap, and the use of sulphur ointment.

"Icterus *ex obstructione hepatis.*—Maria Gelinek, a stout female, twenty-four years old, came, on the 12th of December, into the clinical hospital. She had been ill for several months; the white of the eyes was quite yellow, as also the skin of the face and other parts of the body, the tongue white, her appetite diminished; she felt an oppressive pain in the region of the liver, the bowels were costive, the urine of a dark colour, and having a yellow froth; it tinged linen yellow: the pulse tranquil. Ordered dec. gram. et tarax. cum potass. tart. et mellag. gramin. with cataplasms to the right hypochondrium. She had several stools from the medicine, and was much relieved. On the 16th, the pain about the liver had greatly diminished, the yellow tinge of the skin was likewise less; she had no inclination for food. On the 20th of December, all unpleasant sensation in the right hypochondrium had ceased. The decoct. rad. saponar. which is of singular efficacy in jaundice, was given with tinct. stomachia, (tinct. gent. comp. et cinnam. cum ext. absynth. et potass. subcarb.) and continued for some days; afterwards, instead of the latter, spir. æth. nitr. was added; by degrees the appetite returned, the yellowness was nearly gone, the urine resumed its natural colour, and often deposited a gray slimy sediment; her bowels became regular, and she left the hospital, cured, on the 16th of January."

Phthisis Pulmonalis.—Notwithstanding the prevalent opinion to the contrary, "many examples from experience are

produced, to show that the complete purulent phthisis, however seldom, does sometimes admit of perfect cure."

This often takes place, when large vomicæ, the consequence of peripneumony, burst by degrees, and discharge themselves by the bronchial passages. Though much more seldom, the tubercular phthisis is capable of being brought to a fortunate termination, as is proved by the following cases.

"The wife of a beggar came, in 1816, with confirmed phthisis, into the hospital. By the use of emollient mucilaginous remedies, small bleedings and leeches, hydr. sub., digitalis, blisters, polygala amara, ext. salviæ, lichen and cinchona, after four months, she appeared, in my judgment, cured. I saw her in February, 1817, and she was free from all cough and affection of the chest. In May, she was brought into the hospital with general dropsy, without any complaint of the chest, and died ten days afterwards. On opening the body, the lungs were observed to be sound, without induration or pus; but in the two upper lobes there were numerous cicatrices, which extended deep into the parenchyma; whence the former diagnosis appears to have been right.

"Another woman, forty-eight years old, was, in the year 1818, treated for a confirmed phthisis and morbus cæruleus; the cough, expectoration, and fever entirely disappeared in four months; the worn out patient recovered her flesh and good looks, and was discharged. The morbus cæruleus remained. In 1824, she came again into the hospital, and died from its effects. On examination, the foramen ovale was found open, the lobes of the left lung united, and, where the division should be, there were many cicatrices (which could not be mistaken) of former ulcerated surfaces. Laennec has brought forward several cases of this kind."

In its outset, by a proper treatment, according to Dr. B. phthisis admits, for the most part, of relief. The rules of this treatment are throughout grounded on the supposition that the diseased state is one of chronic inflammation.

"Phthisis Pulmonalis Purulenta.—The case of a young man, nineteen years old, may serve as an example of the treatment; his name Johann R. his occupation a turf-cutter, he was of a consumptive habit, born of consumptive parents, and had already lost two brothers in this disease. He had recovered from the small-pox about two years; four months ago he was seized with complaints in his chest, and a violent cough, to which he paid little attention, and took no advice.

"With the use of domestic remedies, some of which were improper, he became daily worse, lost all appetite, was evidently

more emaciated, and febrile symptoms with increased heat came on daily, especially in the afternoon, which ended during the night with profuse sweat, by which, and the troublesome cough, he was deprived of rest and sleep, and his strength soon exhausted: to this a diarrhœa contributed, which was brought on by the excessive use of liquids, required to satisfy his constant thirst.

"In this state, he was, on the 12th of June, admitted into the clinical hospital. The patient was extremely reduced, and so weak that he could not remain out of bed; he coughed with great exertion, and brought up a quantity of yellow matter in globular masses; besides the pain occasioned by his cough, he complained of difficult breathing and tightness at the chest, great lassitude, and want of sleep; the pulse was very quick and contracted. The most urgent indication was to relieve the pressing symptoms, to restrain the diarrhœa, and quiet the troublesome cough. Both were satisfied by mucilaginous, emollient, soothing remedies, viz. decoct. salep. et dec. sem. lini cum extr. hyoscyami, and with good effect. The immoderately increased vascular action, was, however, lessened by powders with digitalis. The cough was soon easier, the expectoration less, the stools not so frequent. A circumstance which greatly retarded the progress of his amendment, was the night sweats; these had hitherto not only not diminished, but they occurred also in the day time; for no sooner had he composed himself in any way to quiet or slumber, than he was bathed in sweat, with which, in a short time, his linen was completely soaked.

"To remedy this, the ext. fol. salviæ was brought into use; a remedy which had already so often recommended itself to us by its excellent effects, as a gentle tonic without any stimulus, in subduing the excessive perspiration, the consequence of debility, and at the same time bettering the appetite. This was given at first with emollients; afterwards, when the cough admitted, it was joined to bark, as in the following formula; R. cinchonæ ℥ij.; rad. salep. gr. xij. ft. decoct. col. ℥viij. adde ext. salviæ ℥j.; sacch. pur. ℥ij. Sweet whey was ordered for his drink, and he was recommended to keep out of his bed as much as possible.

"The effect of this treatment was beyond expectation propitious; he who lately was unable from weakness to support himself, worn out and confined to his bed, recovered astonishingly, gained a better look, was able by degrees to remain all day up, even to pass a few hours in the open air, and acquired both flesh and strength; the chest was free from complaint, he had indeed cough, but slight, and with trifling expectoration; the evening febrile attacks, as well as the perspiration, had entirely disap-

peared, the pulse was soft and quiet, his appetite excellent: though the expectoration had considerably diminished, it had not lost its purulent character, and a morbid sensibility of the chest to external influence was still observable; for, when he remained longer than usual in the air, or if the weather was less propitious, the cough was increased, a certain sense of tightness troubled him, and in this state it was necessary to desist from the tonic remedies and change them for emollients. In this improved state, into which he was within six weeks brought by the aid of medicine, he thought himself almost completely cured, and, his circumstances requiring it, he desired to be discharged, which took place on the 21st of July in spite of all remonstrance, having a due regimen pointed out to him, and being not absolutely cured, but greatly relieved."

Colic.—In every case of this disease, we should be on our guard against the tendency to pass into inflammation; most cases, indeed, depend on inflammatory irritation. The pernicious practice of giving heating remedies, as brandy, in pains of the abdomen, is frequently the cause of their terminating in inflammations. The case detailed was one of menstrual colic.

"*Colica catamenialis.*—Anna Rubisch, a stout married woman, twenty-four years old, always regular at her periods, in May, 1823, had one which was unusually abundant and protracted. A physician ordered tincture of cinnamon with astringents, which very soon checked the discharge; but she now felt violent pains in the abdomen, had slight febrile attacks, and was confined in the bowels. These symptoms indeed remitted, and returned periodically, and on the 27th of May the menses again made their appearance. When, on the 30th, she came into the general hospital, she complained not only of frequent griping, but also of violent pains in the loins; she was costive, the abdomen painful on pressure, the pulse quiet, the discharge from the uterus pale, and in small quantity. Decoct. alth. mannat. emollient glysters, and similar cataplasms, were ordered to the belly. She had some relief from the bowels. On the 1st of June, emuls. gummosa was ordered, and, as the pain continued, six leeches were applied to the abdomen, by which she was much relieved. But, as she had several loose stools during the day, on the 2d of June, dec. salep. spiss. cum syrup. papav. was given, and she went on with the other remedies; afterwards, she took dec. salep. cum ext. hyoscyam. et saccharo. The discharge ceased by degrees, and from the continued use of these remedies all unpleasant symptoms disappeared. She left the hospital, cured, on the 10th of June."

"Convulsiones.—Antonia Strakin, a very fine young wo-

man, was, in the beginning of July, treated, in the clinical hospital, for a pleurisy, and cured. Scarcely discharged, she had, on the following day, a violent quarrel, in which her anger was very much excited, so that she fell into convulsions and cramps, could not speak; a contracting pain in the throat and breast took away her breath, and vomiting had more than once taken place. In this state, she returned, on the 22d of July, into the hospital; her countenance was pale, she was speechless, had great anxiety, her breathing asthmatic, very rapid, with a tight pain under the sternum; the pulse was spasmodically contracted. She was bled to four ounces, and the following ordered, R. aq. pur. ℥vj.; potass. supertart. ʒiss.; test. præp. sacch. pur. ā ʒj.; a table-spoonful to be taken every hour, shaking the phial; she had also glysters, with infus. anth. et sod. mur. and a sinapism to the pit of the stomach. She was soon relieved; was able to utter some inarticulate words, and was more quiet; but the convulsive attacks returned, she could not speak, was threatened with suffocation, the upper extremities were convulsed; four drops of tinct. opii were given with sugar. These attacks returned several times during the day, and were equally severe. Ordered, aq. meliss. ℥iv.; ext. hyos. gr. iij. aq. castor. ʒiij.; sacch. purif. ʒij.; also zinci oxyd. gr. iij.; sacch. pur. ʒj.; m. f. pulv. div. in dos. sex, one to be taken every three hours; and to take frequently some chamomile tea. The frequency as well as the violence of the paroxysms decreased; she next took aq. meliss. ℥iv.; liq. ammon. succin. ʒss.; sacch. pur. ʒij. On the 27th, she had quite recovered; on the 30th, she went home, and was not afterwards affected with convulsions."

"VERTIGO.—Though vertigo is for the most part a symptom of very different diseases, yet sometimes it appears as a primary complaint. With the latter, a tall young man, a law student, came, on the 15th of June, into the clinical hospital; he had been troubled with it as his chief complaint for five years, and, according to his account, he had never been quite free from it. Occasionally it came on with such violence as to deprive him of sight, and he was obliged to seize the first object to prevent his falling to the ground. He assigned as a cause, the too great application of his mind, and study during the night. Leeches, blisters, and other stimulants to the skin, as also various inward remedies had been tried. His look was pale, the cheeks slightly flushed, the pupil somewhat dilated, the mucous secretion from the nose had disappeared for some months, yet the air passed freely through the nostrils; his tongue was clean, the chest and abdomen free from complaint, he was rather costive, but free from fever, his pulse full and tolerably strong.

"Though, in this case, rest, and a temporary cessation from study, as the exciting cause, was the chief indication, as he wished it, an attempt at his cure was made; and, on the 15th of June, he was ordered aq. meliss. ℥vj.; pot. supertart. test. præp. ā ʒj.; sacch. pur. ʒij. The fresh bark of mezereum was applied to the upper arm to make an issue; occasionally a tepid solution of manna was directed to be drawn up the nostrils, and to prevent the costiveness glysters were directed. By the 20th, the attacks were less frequent. Ordered, aq. meliss. ℥iij.; aq. valerian. ℥ij.; liq. ammon. succin. ʒss.; and as this mild nervine medicine gave considerable relief, the attacks were less frequent, and never so violent as before; the following was afterwards ordered, aq. menth. satio ℥iv.; tinct. nervin. tonic. Bestucheff, gutt. xv.;* to take a table-spoonful every three hours.

"With the use of these remedies his health had so much improved, that he was able to go about alone, and walk in the garden without danger, though he often experienced a slight threatening of his complaint.

"He was advised, as the season was favourable, to go into the country, there to take an infusion of bark in whey, and ordered as much as possible to abstain from too much application. He set out on the 8th of July, and came back in the autumn, without having had any attack during his absence."

This case terminates the annuary for 1823. That for 1824 resembles it so much, both in the nature of the diseases treated and the mode of cure, that we shall content ourselves with selecting several of the most interesting cases.

"Coxalgia Spuria.—A rather uncommon case, easy to be mistaken for coxalgia, happened to a youth twelve years old, who already, for three weeks, had suffered rather severe pain in the upper part of the inner surface of the right thigh, and joint of the knee, so that he could only move about limping, with his thigh drawn up. When, on the 17th of November, he came into the clinical school, his right foot was an inch shorter than the left, his pulse excited, but in other respects he was well. Four cupping-glasses with scarification were applied to the great trochanter, and afterwards emollient poultices; inwardly, decoct. graminis cum potass. tart., and perfect quiet, with a horizontal position, was enjoined. On the following day, the pain was much lessened; on the 20th, his limb had regained its usual length. On the 25th, he was discharged cured.

* "Iron dissolved in nitro-muriatic acid, evaporated, and again dissolved in æther and alcohol."

"The shortening, which, in coxalgia, only comes on in the third stadium, was evidently here occasioned by the muscles, which, being affected with rheumatism, had, by their contraction, drawn the head of the thigh-bone into the socket, and thus produced the shortening of an inch."

"URTICARIA.—On the 7th of December, a striking case of urticaria presented itself, in a stout plump maid servant, by name Fransiska Popp, twenty-three years of age. She could not assign any cause, but was, on the 4th of December, taken with shivering, which was followed during the night by a violent burning of the skin, as though she had lain on fire; she was very hot and thirsty, and remarked, the following morning, here and there on the skin, particularly on the extremities and breasts, pale and deep red vesicles and spots, the former raised above the skin, and having a great resemblance to those raised by the application of nettles; she felt some oppression at the chest, had a cough, and had been costive for some days. Ordered, dec. alth. cum pot. nit. et roob sambuci; and as, on the following day, the bowels did not act, sodæ sulphas was substituted for the nitre. The eruption began in part to disappear on this day, and on the 9th a separation of the cuticle was observed; she soon got well, and left the hospital on the 13th of December."

"EPILEPSIA.—A case of epilepsy merits notice, in which the oxyd of zinc was, for the second time this year efficacious. Magdalena Sauczkin, thirty-three years old, a maid servant, enjoyed general good health, but, on the 11th of June, had such a violent fright, that she fell into strong convulsions; she lost her consciousness, the face was swollen, she foamed at the mouth, and, after a quarter of an hour in this state, she fell into a profound sleep, out of which when she awoke, she remembered nothing of what had occurred, but felt herself very much fatigued and cast down. On the same day, as well as on the 12th, she had several similar attacks.

"When she came into the clinical hospital, there was no morbid appearance observable, except exhaustion, a flushed countenance, want of appetite, and increased thirst; the mistura temperans (ex pot. supert. et test. præp.) and zinc oxyd. gr. j. were given every three hours. The paroxysms ceased from this time, and in a fortnight she left the hospital in perfect health."

VITIUM CORDIS.—A shoemaker, fifty years old, was afflicted with a chronic affection of the heart; an enlargement of the left side of that organ was probably the cause of his disease, which was manifested by extraordinary palpitation, a very irregular pulse, dyspnœa, oppression, short breath in going up stairs, and vertigo. He had been ill for two years, before which he had

the piles, and could not recollect any decided cause of his complaint; he was already greatly emaciated, Absolute rest was recommended, and cooling laxative remedies were given, as dec. gram. cum potass. supertart. et aqua lauro cerasi; he was also cupped in the loins. This simple treatment, to our astonishment, had the most desirable effect; the palpitation and oppression diminished, the pulse became more free, the patient gained flesh and strength, and, appy in having obtained such unexpected relief, desired, in this amended state, after three weeks, to return to his family."

"Ischias.—A sciatica of the right side, in which the pain extended chiefly from the outside of the joint down the thigh, was cured in a few days, in a woman forty-seven years old, by cupping at the hip joint and in the course of the sciatic nerve, and the use of some laxative eccoprotic remedies, as althæa, gramen with sod. sulph., or pot. nit. and roob sambuci."

"Hæmatemesis.—A weakly cachectic looking young woman fell into a violent passion, and afterwards drank some glasses of punch. She soon found herself indisposed, with a sense of heat in the region of the stomach, and nausea, and she vomited some black fluid blood. When, on the second day, she came into the hospital, these symptoms continued; there was no fever, the pulse was small, contracted, the region of the spleen and stomach very tender. The vomiting of blood, as well as the other morbid symptoms, ceased with the application of some leeches to the left hypochondrium, and the use of cooling subacid remedies, as dec. gram. tamarindinat. cum potass. tart.; in ten days she left the hospital cured."

We have to observe, in concluding this review, that it has been extended beyond the usual limits in order to present to the profession a fair view of the practice which obtains in the Austrian territories. For this purpose, also, while treating of the different diseases mentioned as having come under observation in the clinical hospital, we have avoided drawing comparisons between the practice of that school and that of our own country; as they would have extended this paper to an inordinate length. We have therefore left it for each judicious practitioner to make his own remarks. We may, however, observe, in a general way, that we do not think their practice as efficient as our own, though their success seems to justify it. In many cases, remedies are mentioned as useful agents in the cure of disease which are almost unknown in the practice of physic on this side of the Atlantic. Perhaps some of these may be worthy of adoption here. The system which exists in their hospitals is also worthy of imitation, as it would have a tendency to teach the student

accurately to observe the symptoms of diseases, which are so necessary to a successful treatment of them.

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ART. II.—*Practical Observations on the Application of Lunar Caustic to Strictures in the Urethra, &c.* By M. W. ANDREWS, member of the Royal College of Surgeons. London, 1827. pp. 249.

IN our examination of the present work, we do not propose to enter into a very lengthened discussion of its merits, but shall endeavour to present to our readers a general view of its contents. Our author advocates the employment of the caustic bougie, as intimated by the title of the work, and supplies an abundant mass of evidence in support of his favourite practice. We do not discover that he has suggested any thing new in the management of these affections, and the object proposed by the writer would appear to be mainly to refute the opponents of this practice, by giving a detail of numerous cases that have come under his notice.

Mr. A.'s success has certainly been very remarkable, and in some instances, we are disposed to think quite unprecedented. The inconsiderable number of his failures doubtless was mainly owing to the sound constitutions of his patients and the extreme mildness of the climate, (Madeira,) in which he practised. Mr. A. in the first chapter, while considering the pathology of stricture, opposes sir Everard Home's views; wherein sir E. ascribes its formation to an exudation of coagulable lymph. The principal ground on which this opinion is refuted, is derived from the usual seat of the disease, which is very often found at the membranous part of the urethra, and very remote from the seat of gonorrhœal infection. Now, if permanent stricture did result from a deposit of coagulable lymph, we should meet with it most frequently in that part of the canal most exposed to inflammation; but the reverse more usually obtains. We beg, however, to dissent from our author on this interesting subject. From the known causes of this complaint, from length of time in forming, and the difficulty of its removal, we do not hesitate to declare our entire conviction that permanent stricture, in nine cases out of ten, is the product of inflammation, and not spasm.

Our author next gives his views on the formation of strictures, which we transcribe in the words of the text.

"When certain stimuli are applied, which have the power of producing spasm in any part of the canal, the diameter at that point is of necessity lessened during the continuance of the spasm; this, under ordinary circumstances, is only productive of temporary inconvenience, the parts recovering themselves as soon as the spasm subsides; but if this spasmodic action be frequently reproduced, that portion of the canal which has been most acted on remains permanently contracted, thereby forming the disease in question.

"The disposition to contract or lessen the diameter of the canal, although it is to be met with throughout its whole length, is not found to be equally great in every part, but is more so at two different situations, *viz.* immediately behind the bulb, and at four inches and a half from the external orifice, at which places it is naturally narrower than in any other part of the urethra.*

"A stricture, once formed, may remain many years without producing any spmptom that would give rise to its discovery, so that it is often difficult to trace the exact time of its origin, or the circumstances that occasioned it; and not unfrequently some accidental occurrence, *apparently* unconnected with the complaint, will lead to its detection; but when once discovered, the patient will frequently be able to retrace some symptom, which will mark the formation of the complaint to have been at a period considerably antecedent to the time of its discovery."

In treating of the causes of stricture, Mr. A. thinks they may operate either directly by causing inflammation (and if so, he tacitly acknowledges sir E. Home's theory), or indirectly by debility.

Among the causes are enumerated virulent gonorrhœa, and the stimulating injections employed for their *speedy removal.* A stone in the bladder; too frequent indulgence in venery; the application of blisters, &c.

Several cases are cited as illustrative of the operation of these causes in the production of the disease.

Chap. 3, is occupied by a history of the symptoms attendant on stricture. They are either local or constitutional. A very common local symptom is a whitish discharge from the urethra with some uneasiness in voiding the urine. This condition no doubt has very often been mistaken for gleet, and treated as such, until after consuming much time in the useless exhibition of a host of remedies, the patient is abandoned in despair of ever being relieved.

* "See the dimensions of the urethra, &c. as taken by sir Everard Home, vol. i. second edit. p. 25 to 30."

As the disease advances, the stream of urine is diminished, or passed in a forked or twisted manner, the desire to void it, more frequent and attended with difficulty, so that a partial or even a total retention may ensue. Nocturnal erections with involuntary emissions during sleep frequently attend. And sometimes the only symptoms noticed by the patient are priapisms and chordus. The constitution is not unfrequently affected with severe rigors or ague fits, and deranged state of the digestive organs. The chapter terminates with the detail of a case in which the functions of digestion suffered severely.

Chap. 4. which professes to give a history of the treatment of strictures, is in our humble opinion, far too short and imperfect. The subject is one of great practical importance, and we could have wished it had claimed a greater share of the author's attention.

Mr. A. after briefly adverting to the relief and temporary suspension of the complaint, which occasionally attends the exhibition of internal remedies, such as opiates, nauseants, anodyne enemetic, the warm bath, bleeding, purgatives, &c. directs his attention to the consideration of those means found most efficient in the removal of it.

The bougie may be used either alone or armed with the caustic. The latter only is now generally admitted to perform a permanent cure. At a more remote period, metallic and various kinds of medicated bougies, were invented and employed either with the view of forcibly dilating the stricture, or on account of some peculiar virtues they were deemed to possess.

"In most cases, I believe, the formation of strictures is equal on all sides, or the orifice of them is nearly, if not quite in the centre of the canal; at least this conclusion is by far the most favourable to the use of the common conical bougie; for, from its shape, the effect which it produces must be by mechanical pressure, in the same way as you would remove the edges of any substance which is yielding, to a greater distance from each other by the application of a wedge; if, therefore, the orifice is not in the centre, the bougie cannot act equally on all parts of the stricture; consequently, that side which is narrowest will be dilated first, and the bougie passing on to the next obstruction, will necessarily leave a certain portion of the membrane in a contracted state.* Another difficulty will arise from the unequal development of the strictures, if I may so call it, in the use of the

* "Sir Everard Home met in one case three strictures, all of which were on the same side of the urethra, and were easily ascertained to be so by the impression made on the end of the soft bougie."—Vide Home, second edit. vol. i. page 22.

unarmed bougie. If the orifice of the second stricture should not exactly correspond with that which is nearest the external orifice, the bougie will, in all probability, hitch against the lower edge of the second stricture, instead of entering its aperture, and, by constant repetition, a false passage is likely to be the consequence.

"If, however, the orifice be in the centre, which, generally speaking, I believe to be the case, the conical bougie, by being daily passed as far as the opening will admit, and suffered to remain in the urethra for one, two, or more hours at each time, and by gradually increasing the size of it, in many recent cases may ultimately dilate the canal to nearly its original diameter; but the complaint must not, in all such cases, be considered as removed by this process; for the membrane, at that part of the urethra where the stricture was formed, being elongated in proportion to the degree of the contraction, and not being restored to its original healthy state, will be liable to fall into a contracted state again upon discontinuing the use of the bougie, and frequently without any apparent cause for it whatever.* If we return to the use of the bougie again, we shall, by perseverance *in its use*, often be enabled to dilate the canal to a certain degree; but, in every subsequent recurrence of the complaint, the contraction will be so much more increased, that we shall seldom be able to enlarge the orifice of the stricture as much as had been done on the former occasion."

It would appear that the idea of employing caustic for the removal of strictures, originated with Wiseman, and was introduced into practice by Mr. Hunter, who knew not at the time that these means had been employed by his predecessor. Mr. H. having failed with the red precipitate which he used in his first attempt, he afterwards secured a piece of lunar caustic to the end of a wire, with sealing-wax, introducing it through a canula to the stricture. This plan being found defective, Mr. H. finally contrived to insert a small piece of the caustic in one extremity of a bougie, and so completely covered its lateral surfaces as not to act on any other part of the urethra.

This plan, however, was limited to such cases as did not yield to the simple bougie. In very irritable subjects, where the pain

* "Mr. Benjamin Bell, who was a great advocate for the common bougie, says, 'I have known a person, who, after being *completely cured* of stricture for several years, has been suddenly seized with a very hazardous and painful return of it in the course of an hour or two, after having been exposed to a cold east wind.'—Vide Benjamin Bell on Gonorrhœa, &c. second edition, vol i. p. 194. This sudden change could only have arisen in consequence of the stricture not having been removed."—*Author.*

is excessive, after applying the armed bougie, the patient should be directed to evacuate his bladder immediately after, as it will afford great relief.

In chap. 5, is detailed the effects of strictures, on the urethra and adjacent organs.

"When a stricture has existed for a number of years, or when the symptoms of it, from having been mistaken, have been aggravated by a wrong mode of treatment, and much inflammation has been brought on, either in the urethra, or about the neck of the bladder, it not unfrequently happens, that the degree of irritability, which is the consequence of it, renders the canal liable to strong spasmodic action from very slight causes: and it is evident, that the oftener the urethra, under such circumstances, is thrown into a spasmodic state, the greater will be the contraction at the strictured part.

"It has been noticed, that a person with stricture has often a desire to make water at much shorter intervals than are natural, and it not unfrequently happens, that the desire suddenly comes on at the time the stricture is most contracted; the efforts of the patient to relieve his bladder, under these circumstances, instead of being successful, generally tend to increase the spasm that is on the stricture, so that in many cases, the urine is not allowed to pass at all, and a complete retention takes place.

"The consequence of this must be evident: the bladder continues distending, as the secretion of urine is continually going on; and the increased efforts to void it, together with a considerable state of anxiety, which a person naturally labours under at this period, jointly tend to increase the retention."

Opium, by removing spasm and tranquillizing the mind of the patient, will very often afford relief. An attempt should next be made to introduce a small catheter, which, if not readily passed, should be withdrawn.

"It will then be proper to pass a fine bougie, made of linen or catgut, so far as can be done without giving great pain, and to secure it in that situation for some time; that, with an opiate by the mouth, or by clyster, will often succeed in removing the spasm, and rendering the canal so tranquil, as either to permit the evacuation of the urine by the action of the bladder, on the bougie being withdrawn, or to allow a catheter to be passed without much difficulty.

"The warm bath, emptying the bowels by means of clysters, and, in some very full habits, where inflammation is to be apprehended, the loss of blood, will also be advisable.

"It will, however, sometimes happen, that all these attempts

will fail, but I believe not very often, if they are properly persevered in.

"When, however, they do, other steps must be taken, as the danger from retention, if not relieved within a certain time, is very considerable: under these circumstances the bladder must be punctured, and it then becomes a question of importance, which of the operations that have been recommended, should be adopted."

Our author gives a decided preference to puncturing the bladder through the rectum, over the operation as performed above the pubis or in perinæo. Since the surgeon can accomplish his purpose more readily and with less hazard to the life of his patient, and further, on account of the bladder being more depending in this situation, its contents would be more completely evacuated.

As to the time when the operation should be performed, much must be left to the judgment and experience of the surgeon. However, Mr. A. thinks the common means of affording relief should be persevered in, until the system begins to participate in its effects, known by a sinking of the pulse, rapid exhaustion of strength, cold pallid surface, &c.

Several lengthy details of cases next follow, in one of which the operation of puncturing the bladder through the rectum was twice performed.

The formation of fistulæ in perinæo, their liability to occur in strictures of the urethra as well as from external violence, the method of treatment adopted by Mr. A. which consists in the removal of the stricture, are successively exemplified in the history of numerous cases.

Phymosis is sometimes met with as a consequence of stricture, in which case the prepuce must be divided, before we proceed in the treatment of the urethral obstruction. Mr. A. mentions one fact in connexion with this complaint, which we do not recollect ever to have met with in our limited experience. We therefore introduce the words of the text.

"A stricture may be in such a state, as, when the urethra is relaxed, not materially to impede the flow of urine; but in the act of copulation may be so much contracted, or produce so much spasm on the canal, as not to allow the semen to be thrown forward with that degree of force, which is necessary to complete the intentions of nature; or, perhaps, not to be expelled at all in the coitus. This effect has been already noticed in some of the former cases, but I think it of sufficient importance to give it a place in this chapter.

"In some instances this effect is sensibly felt at the time, a

very acute pain being experienced at the bulb, and a portion of the semen remaining in the urethra, is afterwards found on the linen when the penis becomes relaxed; on other occasions, the emission will appear to have been complete, that is, neither pain nor any unusual sensation is felt. The proof of the strictures having been the cause of this disappointment can only be known after their removal, which on some occasions have been sufficiently marked.

"The following case is given in corroboration of this fact.

"A married gentleman, about forty years of age, applied to me in the year 1803, for the relief of symptoms, which he had been sensible of upwards of two years, at which period he had contracted a gonorrhœa. The discharge had never completely left him, and was always increased by exercise, or irregular living. He had a very frequent inclination to make water, but could not pass it without considerable exertion: occasionally he voided a thick mucus mixed with it; and he observed that the semen did not come forward with freedom if he repeated the act during the night.

"August 15th. I applied the caustic to a stricture at seven inches, which gave way to three applications, after which all his symptoms disappeared. Five years after the publication of this case in my former edition, he called to inform me that he had three children, the eldest of whom was born within twelve months after he had been under my care; and, as he had been married between six and seven years before he first applied to me, without his wife's having been pregnant, he wished to know if I considered it possible for his complaint in the urethra to have been the cause.

"Having received a similar communication from another patient* about a twelvemonth before, I had no hesitation in assuring him that I did so consider it."

In chap. 6, Mr. A. attempts to refute, and we think successfully, the objections made by various practitioners to the employment of caustic. That there has been much unmerited obloquy attached to this practice, we are fully prepared to admit, and that most of the failures may be justly attributed to the indiscriminate adoption of this method, without an accurate anatomical knowledge of the parts. No doubt that prejudice also has influenced many in condemning this practice. Our author proceeds to notice in succession the animadversions on this practice, made by B. Bell, Rowly, Foot, and Whately.

* "Vide first edition, p. 114, case VI."

"Mr. Bell would lead the young practitioner to let his patient take the chance of a fatal retention, rather than sanction his employing such means as have been proved to be safe and successful, in making a free passage for the urine, taking it for granted, that if it could not be expelled through the urethra, nature would on all occasions be so accommodating, as to form one or more openings behind the strictured part; and then the patient is to submit to have the parts freely laid open, in the manner he describes at p. 304, as nothing short of that, in Mr. Bell's opinion, will answer; and this *he* considers a more certain, less hazardous, and less painful mode of treating the complaint."

To avoid making a false passage, which now and then results from want of skill and caution on the part of the operator, Mr. A. gives the following directions.

"If the caustic be inserted in the end of a bougie much smaller than the diameter of the urethra, it is very evident that the instrument, in this instance, will not fill the canal, and of course the caustic must be liable to touch the sound part of the urethra before it reaches the stricture: if the consequence of this should be a spasmodic contraction at *that part* of the canal, there would be too much reason to apprehend that the subsequent applications would be made there, and be productive of much mischief by ultimately forming an opening through the sound urethra, at the part where no permanent obstruction before existed. But should nothing prevent the bougie from being properly passed down to the stricture, the diameter of it being much less than that of the canal, the caustic could not be equally applied to the whole surface of it, on which account one half only of the obstruction would be destroyed; and, as the upper remaining portion would prevent the bougie from entering the bladder, the inexperienced practitioner would continue his operations, and the dissolved caustic, naturally gravitating downwards, would ultimately form a false passage in that direction. This circumstance is more likely to occur in the application to the last stricture than at any other point in the urethra, and therefore the surgeon cannot be too particular whilst engaged in the removal of it.

"If the armed bougie is as large as the canal will readily admit, and the impression of the white bougie be *frequently observed with attention*, there will be no chance of such an accident happening, as the caustic will then be equally applied to the whole surface of the stricture.

"As, however, there is a possibility of a stricture not being equal on all sides, in which case the lower portion may be destroyed before the upper part, I have for a long time past, whenever the impression at the end of the white bougie has been at all doubtful, covered the upper or lower half of the caustic, according to the impression on the soft bougie, with a coating of the plaster of which the bougie is made, leaving only the one half of the caustic exposed; by which *precaution*, and occasionally passing a catheter, I am fully convinced that such an occurrence may always be avoided."

Hæmorrhage sometimes occurs, which Mr. A. does not consider as an *unanswerable objection*. Inasmuch as this accident may happen when neither caustic nor bougie has been used. Mr. A. relates two cases in which this occurred, and was not reproduced in either instance on the application of the caustic. Three cases are detailed, in which this effect took place during the treatment by caustic, all of which did well. Mr. A.'s plan of treating these cases, is to endeavour to compose the mind of his patient, to remove all apprehensions of danger, and give nauseating doses of tart. emetic.

Mr. A. has only met with one case of a return, after its removal by caustic; two in which he could not remove the obstruction; and one, where the constitutional symptoms would not yield after the removal of the stricture.

In case the caustic is detached and left in the urethra, Mr. A. does not conceive it to be productive of any mischief; and in order to avoid this accident, recommends the following method of arming the bougie:

"But if, after the bougie is formed and firm, you heat the point of a piercer, which should be conical in shape, and angular, and make an opening in the end of the bougie with it, the composition becomes melted, and will then have a good hold of the caustic when introduced. The point of the bougie should then be rubbed smooth on a piece of polished marble, till all inequalities in the size of the bougie disappear. This will also make it grasp the caustic so firmly as to render it impossible that it should fall out.

"The size of the caustic also may be much larger, by this method of arming bougies, than can be introduced in any other way."

In chap. 7, the superiority of the caustic over the unarmed bougie, is considered. The principle on which the simple bougie acts, is by dilatation, on which account they should be constructed of a conical shape, to be employed

daily, and in most instances to remain an hour or two in the urethra, gradually increasing their size, until a cylindrical bougie, or flexible gum catheter, as large as the urethra will admit, is passed into the bladder. And with a view to prevent a return, it often becomes necessary to subject the patient to the daily passage of a bougie, to the extent of seven inches, for some months afterwards, and to be varied according to the exigencies of each case; and even then the surgeon and his patient are not unfrequently disappointed as to the permanency of the cure.

Our author attributes many failures to keeping the caustic too long in contact with the stricture, which would be productive of sloughing, and consequent hæmorrhage.

"I never keep the caustic in contact with the strictured part, even in the most obstinate cases, more than a *few seconds;* but my general habit is, to touch the stricture lightly, and withdraw the bougie immediately. By this mode, *many more applications*, in a case of long standing, *may be necessary*, but the pain to the patient is considerably less, and the chances of hæmorrhage, or any other unpleasant symptoms arising from it, must obviously be comparatively few.*

"By attending to this, and taking care on *all* occasions that the bougie employed is as large as the external orifice will admit, and the surface of caustic as great as can be safely secured at its extremity, I have no hesitation in saying, that *a safe and permanent cure* may almost always be depended upon, which, it must be universally admitted by every *candid practitioner, cannot be effected by the simple bougie.*"

The recital of six cases next follow, which go to prove the great length of time patients may remain free from strictures, after their removal by caustic. Nearly all remained exempt for upwards of twenty years, and in all probability will continue so the remainder of their lives.

Among several others of a corresponding character, we select the following case, in which the simple bougie had been passed more than ninety times, without relief, which afterwards yielded to the use of the caustic.

"Among the different objections that have been raised against the caustic, the number of applications that some obstinate cases have required has had its place.

* "Since writing the preceding pages, I have read the third volume published by Sir Everard Home, and am gratified to find, that the directions he there gives for the time the caustic should be kept in contact with the stricture, so nearly accord with the mode I have for several years past practised."

"The following is one of *many* that might be brought forward to prove the converse; and will show the inefficacy of the simple bougie in a strong point of view.

"A gentlemen about forty-six years of age, in the year 1814 felt considerable inconvenience about the urinary organs, the symtoms of which were considered, by the medical person whom he then consulted, to arise from some irritation about the *bladder*, for the removal of which, he took T. ferri muriati for some time, but without any manifest advantage, and the medicine, after a proper trial, was left off.

"In 1815, however, his symptoms being more troublesome, he was again recommended to take it, but not finding any benefit after a few days, and his stomach not being in good order, it was again laid aside.

"In 1818 his complaints increasing, their real nature became more evident, as the symptoms were unequivocally such as belong to strictures in the urethra, *viz.* a frequent desire to make water, which had become so urgent, that if he did not immediately attend to it he had not the power of restraining it, but at the same time he could only void a little, and had not the power of emptying his bladder, in consequence of a spasm which came on after a small quantity of urine had passed. The stream became very small, and he experienced much pain in passing it. He was subject to occasional fits of strangury, which was always relieved, either by fomentations or the warm bath. As his complaints made progress, he often experienced acute pain at the bulb of the urethra when he had connexion, just at the time of emission, which was followed by a painful numbness, extending to the anus and down the right thigh, and occasionally he also observed, that the semen did not entirely pass at the time, but was afterwards perceived to be on the linen.

"The constitution was now considerably affected, he had dyspepsia to a very great degree, and for about twenty-five years had been subject to an extremely constipated state of bowels, requiring the almost daily use of strong aperient medicine. His spirits were much depressed, with great irritability of temper, and a general feeling of dissatisfaction.

"At this time he became very desirous of obtaining relief; and as he had been strongly advised by some professional friends never to allow the application of caustic, he put himself under the care of an eminent surgeon, who had directed his attention very much to urethral complaints, with the full *confidence* that he should be cured, without subjecting him-

self to any of the inconveniences to which he conceived that the other mode of treatment was liable.

"After the simple bougie had been passed *ninety* times, which was done within that year, generally every alternate day, subject to such variation as circumstances might give rise to, he was considered by his surgeon to be cured; but he did not experience such relief as to make the same impression on his own mind. However, reflecting that the beneficial results might often not be manifest till some time after the treatment had been given up, he waited with patience in that expectation, but was disappointed.

"In the year 1819 he felt so much uneasiness as to lead him to the supposition, that his symptoms arose from stone, to have which ascertained he came to town in a postchaise (with his mind greatly agitated on the subject) that his surgeon might make the necessary examination, which was done, but no stone could be detected. The passing the sound, in the state of irritation which he was then in, gave considerable pain. After this, as his strictures were evidently returned, bougies were occasionally passed for some time; but not deriving amendment from their use, and losing confidence in the plan of treatment, he chose rather to submit to the inconvenience of the complaint, than pursue a treatment from which he had been disappointed receiving that benefit, which he had vainly been led to expect.

"For some time past he resided in the country, and found that his general state of health was improved by it.

"The subject of strictures accidentally arose in conversation; and after hearing my opinion of the caustic, he became so far satisfied by my report as to determine on a trial of it, although contrary to the advice of a medical friend, for whose *opinion* he had the highest regard.

"In March, 1826, he took apartments near me for the purpose; and on the 9th, after ascertaining that he had a stricture at four inches from the external orifice, I applied the caustic. Two applications on alternate days allowed the bougies to pass on to a second at six inches, and two more allowed a flexible gum catheter, as large as the urethra would admit, to be passed with perfect ease into the bladder.

"This was repeated on the 20th, 24th, and 29th, after which he was desired to go into the country, and to return to me in about three weeks, for the purpose of then ascertaining the state of the parts.

"This he did on the 21st of April, and again on the 24th

of July, on both which occasions the catheter was passed with great freedom, and without the smallest tendency to spasm.

"From the time the last stricture was destroyed, his symptoms began to show evident proofs of amendment, and he now, *November*, 1826, *assures me*, that he makes water in a good stream, without the least straining, and not more frequently than is usual for people in health; that he can always restrain it if necessary, and that he empties his bladder without straining; and also that he has entirely lost the painful sensations before described as connected with the act of coition. With respect to his constitutional symptoms, *they* have also disappeared; and what is particularly satisfactory, his bowels have become so regular in their daily action, that he has scarcely ever occasion for aperient medicine, and when he finds it right to take any, a mild dose answers the purpose.

"Thus we see in what a great degree the sympathy between the organs of generation and other parts of the system may exist, and in parts apparently not immediately connected with them: it is here more especially evident in the digestive organs, which was proved by the disappearance of the symptoms already related, on the removal of the strictures. In this case we find, that four applications of the caustic bougie were followed by manifest advantages to the system, which upwards of *ninety applications of the simple bougie could not effect.* The whole of his local and constitutional symptoms have disappeared, and what is very curious, his bowels have assumed a state of regular daily action, to which he had been a stranger for twenty-five years, thus in some measure marking the time when the strictures may be supposed to have been first formed."

The detail of forty-nine cases occupies the eighth chapter, which furnish a fair exposé of the author's method of treatment, pursued under a variety of circumstances, and different periods of duration.

The concluding chapter contains the history of three cases of stricture of the œsophagus, in which the caustic was applied with success in one case, and great relief in the others.

ART. III.—*Surgical Observations on the Treatment of Chronic Inflammation in various Structures; particularly as exemplified in the Diseases of the Joints.* By JOHN SCOTT, Surgeon to the London Ophthalmic Infirmary, and Assistant Surgeon to the London Hospital. 8vo. pp. 291. London, 1828.

SINCE the publication of the valuable work of Mr. Brodie, but little remained to be done by subsequent investigators, concerning the pathology of the diseases of the joints; whilst it will readily be admitted, that ample room remained for very great improvement in the treatment. The object of the work before us, as stated in the preface, is to communicate to the profession the mode of treatment which the author's father, Mr. Scott of Bromley, has for many years employed in diseases of the joints, with complete success in many cases, and after the usual methods had proved ineffectual.

A short inquiry into the nature and treatment of chronic inflammation, and ulceration in general, is prefixed, in order to illustrate by facts, the principles which the author wishes to establish; and to explain the operation of the remedies proposed.

CHRONIC INFLAMMATION.—After premising that, when inflammation is either originally slight, or has been rendered so by treatment, it will sometimes, instead of subsiding altogether, continue its progress in a chronic form, Mr. Scott proceeds to inquire what are the causes of its continuance, and the means by which it may be removed. We shall avoid entering into a critical examination of the peculiar views of Mr. Scott, but simply present them, and leave it to our readers to estimate their merits.

"Inflammation in a chronic form differs in degree, but not in kind, from that which is acute: it may equally induce the four general terminations of inflammation, viz. effusion of lymph, suppuration, ulceration, and (though more rarely) sloughing.

"Inflammation in the lower extremities may be excited, maintained, and aggravated, by a varicose state of the veins. Under these circumstances, the vein being greatly dilated, its valves become unequal to their office, and no longer sustain the column of blood which it contains; the consequent gravitation of this fluid impedes the circulation in the minute

venous ramifications: thus arises venus congestion, which necessarily excites increased arterial action, and this being exerted not only on the venous branches which are the seat of congestion, but also on the secerning extremities which terminate in the cellular tissue, there occurs in the latter an effusion of serum. If the limb be continued in the depending position, the inflammation is augmented, coagulable lymph is at length effused, and if the process goes on, the vascular structure of the part becomes weakened, and ulceration is the consequence. Thus the two essential conditions of this disease are venous congestion, and increased arterial action.

"If inflammation be excited by an accidental cause in a lower extremity where there are no varicose veins, it will be augmented and the pain increased by the depending position of the limb. From this cause, ulceration is of much more frequent occurrence in this situation than elsewhere. If ulceration occur under these circumstances, and the limb is continued long in a depending position, the sore will become purple, gorged with venous blood, which frequently oozes out of it in considerable quantity. It is certain, therefore, that in this case the powers by which the blood is transmitted through the limb are diminished, and no longer equal to overcome the gravitation of this fluid.

"In a healthy leg (though in a depending position so many hours in the day) no swelling occurs, and no congestion in its blood-vessels. It is plain, that in health the heart and arteries are capable of propelling the blood through the veins, although the influence of gravitation is continually favourable to the descent of blood into the limb, and continually unfavourable to its ascent out of it.

"Now the difference between these two states of the limb consists in inflammation, which proves that in this state the propelling powers of the vessels are diminished; they become distended with blood, which keeps up and aggravates the inflammation as long as the limb is kept in a depending position.

"The true pathology of chronic ulceration in the lower extremities appears to be this: the ulcer is only the termination and effect of the chronic inflammation by which it is surrounded, and the former cannot be healed until the latter is removed. In the treatment, the direct object is not to heal the ulcer, but to cure the chronic inflammation; for if this can be effected, the ulcer heals spontaneously."

The essential remedy for the state of things above de-

scribed is mechanical support; this mode of treatment was first introduced into practice by the late Mr. Baynton of Bristol, to whose memory a just tribute is paid by our author. The manner, however, of applying the adhesive bandage as recommended by Mr. Baynton, which is familiar to all our readers, is strongly objected to by Mr. Scott; and he states that he could relate many instances in which this mode of applying the plaster bandage has been attended by great mischief. The pressure round the part of the leg encircled by the plaster and bandage is so much greater than at the lower part, where a roller only is applied, that the venous circulation is so much impeded as to cause considerable tumefaction of the foot and ankle. This produces extensive inflammation, which is propagated to the original seat of disease. By applying the plasters in the manner described by Mr. Scott, as equal support is afforded to the whole limb, we are enabled effectually to bring about a uniform state of the circulation; "we at once relieve congestion, and the attendant inflammation: the pain subsides, the lymph and serum are secreted in a less abundant quantity," and absorption going on, the swelling gradually diminishes.

"With regard to the method of fulfilling the foregoing indication, the emplastrum plumbi, P. L., spread on calico, is the best application, as it does not irritate the skin. It is most conveniently made use of when cut into slips of fifteen inches in length by two in breadth. The foot being placed at a right angle to the leg, one of the slips should be applied from the first bone of the great toe, along the inner edge of the foot, around the posterior part of the os calcis to the first bone of the little toe; the middle of another slip should then be placed under the bottom of the os calcis, and its ends extended perpendicularly up on each side of the leg; the third is to be applied along the foot, parallel to the first, and overlapping the half of it, the fourth to be placed parallel to the second, overlapping the half of it, and extending perpendicularly up the sides of the leg. In this manner they should be applied alternately along the foot, and up the leg, the one holding and as it were antagonizing the other in the motions of the foot until the whole limb is covered from the toes to the knee. Subsequently to this, a calico bandage is applied in the usual manner, first alternately around the foot and ankle, and then up the leg as high as the knee. It is necessary to be particularly careful that the plasters and bandage be applied in such a manner that their superior and inferior edges are accu-

rately placed in apposition to the skin, otherwise they will exert an unequal pressure, which is highly injurious. The whole should be applied with only that degree of tightness which is perfectly agreeable to the feelings of the patient, and not with the view of compressing the parts into a smaller space. In this manner every vessel in the limb will be uniformly and effectually supported."

An ulcer on the lower extremity thus treated, is placed precisely under the same circumstances in respect to the circulation, as one on the trunk, or the upper extremity; and will heal with equal facility. In respect to the time of renewing the applications, we must be regulated by the quantity of the discharge; for when thus applied, "they will remain for weeks, or even for months, without altering their position in the least." Several cases of ulcers of the lower extremities, which had resisted the plan of Baynton, are detailed by Mr. Scott as completely cured by his method. The fact is sufficient, the detail is uninteresting.

Mr. Scott next enters into some speculations concerning the state of the circulation in chronic inflammation, and makes the following observations concerning the local application of mercury, which we shall select entire.

"It is now universally acknowledged that mercury has the power of subduing inflammation; that when the whole vascular system is placed under the influence of this remedy, inflammatory action subsides. This fact is so fully established in inflammation of the iris and of the cornea, in which the zone of red vessels surrounding the latter disappear, and the deposit of lymph, or the secretion of pus, are arrested as soon as mercurial action is set up, that it is unnecessary to dwell on the subject. I have met with many cases of chronic inflammation in the tibia and periosteum, in which mercury had been given to salivation with the effect of relieving the intense pain, which returned with increased violence as soon as this remedy was withdrawn, and before its effect upon the constitution had subsided. In many of the cases this mode of treatment had been frequently employed, and continued as long as the constitution could sustain its influence, with similar relief, and succeeded by similar recurrence of disease immediately on its being discontinued. These cases occur in those who are of a scrofulous constitution, or in those whose powers have been greatly reduced by debauched lives, by repeated courses of mercury, or by other causes. Here, the vessels of the part are so de-

bilitated, that they are unable to maintain a natural state of the circulation, when the stimulus of mercury is withdrawn. Every successive course still further impairs the powers of the system, and it is unable to recruit in the intervals, because of the immediate recurrence of pain, which is so intense as to deprive the patient of rest. If, however, the disease can be arrested by any means that do not debilitate the system, the pain ceases, and the patient being relieved from constant agony, is able both to sleep and eat, and his constitution becomes recruited with a rapidity scarcely credible. By continuing the same means, the vascular action in the part may be controlled until the heart and arteries have acquired sufficient power to maintain a natural state of the circulation. It appears, that in these diseases, although the internal exhibition of mercury is productive of temporary relief, it so greatly impairs the already debilitated powers of the constitution, as to be succeeded by an aggravation of the disease. It is plain, that in this way the disease cannot be effectually removed. Mercury, however, when locally applied, has the same power of subduing chronic inflammation as when internally administered, and this without producing its constitutional effect; hence we may get all the benefit without any injurious effect. Whether mercury employed in this way really possesses the power I attribute to it, is a question of fact which can be determined only by experience; but it appears to me there is ample proof of the correctness of this opinion."

A number of interesting cases are related, which seem to be decisive of the question. The two following cases are selected as illustrating the value of the *local application* of mercury, (in one case combined with mechanical support,) after its *internal exhibition* had failed of affording relief.

"Mr. A. Gullen applied to me on the 10th of March, 1826, on account of disease in his left tibia, which was so much swelled, that its anterior surface was nearly on a level with the patella when the knee was straightened. The tumefaction extended for about two-thirds of the length of the bone, and was as hard and incompressible as the remainder of it: the tenderness was so excessive that he could not bear it to be touched, nor could he walk without great pain. His general health was much impaired, his appetite lost, and he was much emaciated. His bowels were regular, and his tongue clean. He stated, that about ten years before, the left tibia first became painful and tender to the touch, after

he had suffered from rheumatic pains attacking other parts of his body. He then took mercury, which affected his mouth, and gave him relief during the continuance of salivation; but the pain returned as soon as this remedy was discontinued. He had previously taken mercury in considerable quantity for the relief of former rheumatic attacks. At various intervals during the last ten years he had made use of mercurial friction, and its internal exhibition, on account of the disease in his left tibia. It had always produced a partial and temporary alleviation of the pain, which, however, never once subsided entirely, but had invariably returned with increased violence after each course of mercury, as soon as it had been discontinued, even before salivation had ceased. Leeches, fomentations, and blisters, temporary and perpetual, had been employed. His agony was at this time so excruciating, that he never thought of going to bed at night, but was obliged to sit up in a chair; and he declared that he did not get an hour's sleep in a whole month. The moment he began to doze, he was awakened by pain.

"I directed him to take sarsaparilla, and supported the whole limb with adhesive plaster, having previously covered the diseased bone with a cerate composed of equal parts of the ceratum saponis, P. L., and unguentum hydrargyri fortius c̄ camphorâ.

"March the 22d, he states that the pain continued, with very little abatement, for the first week after his last visit, but that he has slept about four hours each night during the two last nights. Exhausted as he was, he would of course sleep very soundly the moment the pain was alleviated. By rest, as well as in consequence of the diminution of pain, he feels much stronger; his appetite is also improved. During the last two days the leg has itched, and there is considerable redness and irritation on the skin.

"March 29.—He has been improving in all respects during the last week; his appetite, strength, and spirits are recruited; his rest has been more sound, and of longer continuance every night, and he slept soundly the whole of last night. The tibia is much reduced in size, and the tenderness gone. From this date the swelling on the tibia continued to subside, he rapidly improved in health, and has since had no return of the disease."

"In the beginning of May, I was consulted about a gentleman in this neighbourhood, whose left testicle was

somewhat swelled, excessively hard, and so painful, that he could not sleep for five minutes during the whole night. His constitution was greatly exhausted by pain, want of rest, and the quantity of mercury and opium he had taken. He informed me, that in the preceding August, a few days after having returned from Ireland, he was seized with pain in the testicle, without any assignable cause, and it became so violent as to confine him to bed for three months. Leeches were frequently applied, and he was kept in a state of salivation nearly the whole time; he also took decoction of sarsaparilla. At length the symptoms so far subsided that he was able to leave his bed, the testicle and spermatic cord still continuing somewhat tender and painful. He had not been out of his house more than four times before he was seized with a similar attack, more formidable than the former: he was again salivated; leeches, poultices, and fomentations were again had recourse to, and also sarsaparilla. Blisters and tartar emetic ointment were applied to the part; but they aggravated his suffering. The salivation was kept up till January, and attended with some alleviation of the symptoms. Sarsaparilla and alterative doses of mercury were then given for a fortnight. During this time, the pain, tension, and tenderness became so much more severe, that he was again compelled to undergo salivation, and was at this time so exhausted that he could not turn in his bed without assistance. About the middle of April the disease was so far relieved that he got about two hours' rest during the night, and the mercury was now reduced to two-thirds of the quantity he had previously taken. In the beginning of May, he was so far recovered as to be able to take an airing in a coach; this exertion was followed by a relapse of the disease, as he describes, more severe than ever. On this occasion I first saw him: he was then suffering agony, and his constitution was in a deplorable condition. Sarsaparilla was prescribed, opium was discontinued, and the scrotum was enveloped in flannel covered with camphorated mercurial ointment. The immediate effect of this application was a glowing sensation of heat on the surface of the scrotum, which was not unpleasant. No relief of any consequence was obtained until the fourth night, when, to his great surprise, he had six hours' sleep. This abatement of the disease was succeeded by a sudden improvement of his appetite, strength, and spirits: in a week he left his bed; and in a fortnight the pain had wholly subsided. The tension and tenderness gradually diminished, and after the employment

of these means for six weeks, the part was restored to its natural state, and his health was proportionally recovered."

The following are the conclusions of our author:

"From experience in many cases analogous to those I have related, I am led to conclude that mechanical support alone is capable of arresting chronic inflammation in many instances; that in others it may favour and expedite the subsidence of disease which it has not the power to remove. In these latter instances, mercury locally applied is capable of controlling the diseased action as effectually as it arrests acute inflammation when internally administered. Mechanical support, too, by relieving vascular distention, favours the operation of the above remedy as effectually as unloading the vessels by bleeding.

"In all cases of chronic inflammation, when the situation of the part renders it practicable, I am in the habit of combining these two agents; they are both adapted to the same state of disease, and it subsides most rapidly when subject to their conjoined influence."

In cases of ulcerative inflammation, our author recommends the black wash as the application most generally adapted to them; sometimes it is advantageous to wash the sore with a solution of the oxymuriate of mercury, or of lunar caustic, at each time of dressing.

Diseases of the Joints.—Although disease may begin in any of the component parts of an articulation, it may ultimately involve the whole. Mr. Brodie has shown that there are three parts in which these diseases commence; the synovial membrane, the articular cartilages, and the cancellous structure of the bones. Now the disease, although modified by the structure in which it is seated, essentially consists in chronic inflammation and its consequences, and although simple in the beginning, it becomes more or less complicated in its progress, as the surrounding parts soon participate in the diseased action. Our author enters into a minute detail of the symptoms attendant upon inflammation of each of the strictures above mentioned,—but as the same principle must regulate our treatment in each form of these diseases, the practical object being to proportion the activity of the treatment to that of the disease, as will be indicated by the urgency of the symptoms, in whichever structure disease is going on, we need not follow him through his lengthened detail, and shall therefore pass over to the treatment, which from its novelty, and the success which has

attended it in his hands, has been thought sufficiently important to be presented to the profession through the medium of an 8vo. pp. 291.

*Treatment.*—This naturally divides itself into two parts, constitutional and local; in the account of the former but little novelty is presented. Our author's observations are judicious, and bespeak him a practical man. General depletion is rarely required, even in the most acute stages and most inflammatory forms of the diseases of the joints; the relief of the part is usually sufficient for the removal of the febrile state of the system it may have produced. Purgatives are the only constitutional evacuants necessary, the choice of which depends on the particular disorder of the digestive organs, which commonly consists in inactivity of the alimentary canal, with deficient and unhealthy secretions not only of this canal, but of the liver. Hence the combination of mercury with other purgatives in moderate doses is generally necessary. When this plan has been pursued long enough to unload the bowels, and to procure healthy secretions, the digestive organs remain weak and irritable; this is best prevented by an occasional mercurial aperient, and a daily dose of neutral salt, sufficient only to keep the bowels soluble. Occasionally mercury increases instead of diminishes the irritability of the digestive organs: this may often be obviated by giving it in conjunction with sarsaparilla.

Where the power of the digestive organs has been so greatly reduced by the continuance of disorder, that the quantity of food necessary for the support of the patient cannot be digested with sufficient rapidity to prevent the occurrence of fermentation, alkalies are of service in neutralizing the acid that is thus generated. For this purpose, the carbonate of soda in doses of half a drachm three times a day, combined with some aperient bitter, as aloes, &c. is recommended by our author.

The diet should consist of plain animal food, and well-boiled vegetables. When the constitution is enfeebled by the long continued excitement of the disease, tonic medicines are of essential use, commencing with the mildest. Exercise on crutches is strongly advised. The warm bath is also very useful; its temperature should not exceed 98°, and it should not be used longer than ten minutes at a time, and in the middle of the day. Our author concludes his observations on the constitutional treatment with the following remarks, with which we are inclined to coincide:—"An

attention to it, (constitutional treatment) unless I am much mistaken, far too exclusive, is the peculiar characteristic of modern surgery."

*Local Treatment.*—The first condition is the absolute rest of the affected joint—the degree of rest will depend upon the violence of the disease; in a very aggravated form, the patient must be confined altogether to the horizontal posture. At the same time, when the patient can do so without experiencing pain in the diseased joint, either during the continuance of exercise or subsequently, it is desirable to let him walk out on crutches. According to the degree of active inflammation, so will it be necessary to abstract blood locally: in fulfilling this indication, it is desirable to proportion accurately the quantity of blood that is taken to the degree in which the diseased action is carried on, so as merely to produce a local effect, and not influence the constitution at large. When a sufficient quantity of blood has been removed, the best application, according to our author, immediately after, is the common bread and water poultice. It is desirable to abstain from any further bleeding as long as the inflammatory symptoms continue to subside, and then to employ another bleeding, and if necessary repeat it after a similar interval, and so on as long as it is followed by relief. By this means the disease will be gradually reduced to a chronic state, which will no longer be benefited by further bleeding.

Inflammation originally acute, we have now by these means rendered chronic; as the state of congestion in which the internal vessels are placed has been brought about in a very gradual manner, it can be relieved only by means that are equally gradual in their operation.

"If, however, we excite in the vessels of the skin which covers the diseased structure a degree of inflammation which does not irritate the system, nor cause any increase in the heart's action, the blood and nervous influence, which are now determined to the maintenance of the new inflammation, are necessarily diverted from the internal disease. If this effect be produced in a degree which shall excite irritation in the constitution, it frustrates its own purpose, by increasing the rapidity of the circulation throughout the whole body, and consequently through the diseased limb. The new inflammation is therefore maintained, and the original disease is aggravated in two ways. First, it will, of course, proceed with greater rapidity when the constitution is in a

state of excitement; and, secondly, the superficial inflammation being too violent, will extend more deeply, and will be actually propagated to the disease itself, instead of influencing it by derivation. We must therefore be particularly cautious not to produce too great a degree of inflammation in the skin; and to render it effectual, we must increase the extent of surface to which the stimulus is applied, and continue its operation unremittingly. This may be done with perfect safety when a more violent excitement would be inadmissible. If we trust to counter-irritation alone, it is generally impossible to excite it in a sufficient degree to arrest the disease, without producing constitutional disturbance."

To fulfil the indications pointed out by our author, instead of the means most commonly employed, as blisters, tartar emetic ointment, setons, and issues, from each of which he has seen injurious results, and each of which is commented upon;* he next details the mode of treatment originally adopted by his father, and since followed by himself with the most signal advantage. We shall select entire his account of the plan recommended.

"In the first place, the surface of the joint, suppose the knee, is to be carefully cleansed by a sponge, soft brown soap and warm water, and then thoroughly dried; next, this surface is to be rubbed by a sponge soaked in camphorated spirit of wine, and this is continued a minute or two, until it begins to feel warm, smarts somewhat, and looks red. It is now covered with a soft cerate made with equal parts of the ceratum saponis and unguentum hydrargyri fortius cum camphorâ. This is thickly spread on large square pieces of lint, and applied entirely around the joint, extending for at least six inches, above and below the point at which the condyles of the femur are opposed to the head of the tibia; over this, to the same extent, the limb is to be uniformly supported by strips of calico, spread with the emplastrum plumbi of the London Pharmacopœia. These strips are about one inch and a half broad, and vary in length; some are fifteen inches, others a foot, others half these two lengths, and the shorter

* Mr. Scott objects also to moxa, and states that he has seen but one case in which it was employed, and then without benefit, the disease having subsequently yielded to his plan. Now in the case alluded to, Mr. Scott states that the moxa was applied only *four times*, so that *no time* was afforded for him to decide upon its merits. We have ourselves employed the moxa in a case of chronic inflammation of the knee joint, with the most decided benefit, after other and active agents had been long employed without advantage—it was, however, applied more than *four times*.—Eds. Recr.

or longer are selected according to the size of the part round which they are to be applied. This is the only difficult part of the process. This adhesive bandage ought to be so applied as to preclude the motion of the joint, prevent the feeble coats of the blood-vessels from being distended by the gravitation of their contents in the erect posture, and thereby promote their contraction. Over this adhesive bandage, thus applied, comes an additional covering of emplastrum saponis, spread on thick leather, and cut into four broad pieces, one for the front, the other for the back, the two others for the sides of the joint. Lastly, the whole is secured by means of a calico bandage, which is put on very gently, and rather for the purpose of securing the plaster, and giving greater thickness and security to the whole, than for the purpose of compressing the joint. This is an important point, as otherwise an application which almost invariably affords security and ease, may occasion pain, with all its attendant mischief.

"In some cases, in which the skin is thick and indolent, sufficient irritation will scarcely be excited by the above applications, and this may be promoted by rubbing on a small quantity of tartar emetic ointment previously to the application of the cerate. This, however, is rarely necessary.

"In some cases, also, it is desirable more effectually to prevent the motion of the limb, particularly in children. This may be done, by applying on each side of the joint, externally to the plasters, a piece of pasteboard, softened by soaking in water, and cut into the length, breadth, and form of splints. These being soft, will accommodate themselves to the figure of the joint, and when dry effectually preclude all motion.

"I think that this form of splint is infinitely preferable to those that are made of wood. It affords a very firm support to the limb, and at the same time counteracts the contracting effort of the muscles in as great a degree as can be effected without exciting inflammation. I have met with cases in which the diseased surfaces have been so forcibly compressed by means of wooden splints as to excite inflammation, and thereby cause a more violent contracting effort of the muscles, the resistance of which has aggravated the disease.

"The remedies thus applied will not require very frequent removal. The time during which they may be left undisturbed, will depend chiefly on the necessity for a repetition of the bleeding, in which we must be guided by the degree

of pain, or when there are open abscesses, by the quantity of the discharge. Should neither of these influence the question, the only necessity for removing the dressings will arise from their having ceased to keep up any irritation in the skin. In some cases it will be necessary to re-apply them every week; in the generality of instances they may be allowed to remain a fortnight, and in others for a longer time. Even where there are open wounds, I allow them to remain several days, or a week, being firmly convinced by experience that the presence of the matter does less harm than the frequent disturbance of the part. A strumous ulcer can scarcely be disturbed too seldom; nothing does so much harm as officious dressing and probing.

"Consider the condition of a joint thus done up. First, it is thickly encased in emplastrum plumbi, leather, and calico, by which perfect rest is ensured, and it is so supported and secured from external injury, as no longer to be a source of perpetual anxiety to the patient.

"Let it never be forgotten that this remedy is inadmissible, as long as active inflammation exists in the joint, which it is sure to aggravate, and that in applying it, it is of the utmost importance to distinguish between a moderate and uniform support, which affords the full benefit I have been describing, and violent unequal compression, which, by impeding the circulation, is sure to aggravate the disease. There is only one rule that can be a safe guide in this respect—to apply the plaster-bandage in such a way as shall afford ease and comfort to the patient. If it occasions pain, either on its first application or subsequently, it is either applied badly, or the part is not in a fit state for it. So much for the mechanical mode in which this method of treatment operates."

The remedies just detailed may be employed for any length of time, and over any extent of surface that may be necessary, without irritating the constitution, or producing salivation; they are adapted to disease commencing in any of the structures of which a joint is composed, as well as to the various stages in which it may be found, for whether merely the effusion of lymph has been produced, or whether ulceration and suppuration have taken place, the disease we have to combat is essentially the same, differing in degree rather than in kind.

The plan of treatment above recommended by Mr. Scott is novel; the result of the cases he introduces is so very satisfactory, as to have induced us to make trial of it in two

cases now under our care, the result of which we shall give hereafter; at the same time we would recommend a general trial of the plan, and will be pleased to receive further information on the subject, so that if the experience of others shall correspond with that of Mr. Scott, we may be enabled to disseminate more widely the knowledge of a practice so highly important—*ou au contraire.* One hundred and thirty-one pages are occupied with a detail of thirty-eight cases of a similar kind. One is amply sufficient to convey an idea of the whole. We select the following:

"H. W., eleven years of age, applied to me in January, 1826, with a disease in the left knee, which was very much enlarged. The swelling was produced by the effusion of lymph, there being no fluid in the cavity. There was a sinus just at the extremity of the inner condyle, communicating with the joint, and another above the outer condyle. The leg was permanently bent at a right angle to the thigh, and they were both very much wasted. Any attempt to alter the relative position of the limb was intolerable. The joint was so tender, that he could scarcely suffer it to be touched. The pain was incessant, and so severe as altogether to destroy his rest during the early part of the night, when he was constantly disturbed by spasmodic muscular contractions, and subject to violent perspirations.

"He was of a fair complexion, with light hair and eyes, the pulse quick, the skin moist, tongue foul, bowels irregular, and the appetite impaired. The disease had been of two years and a half standing. In July, 1823, the joint being so weak as to occasion him to limp in walking, was first observed to be somewhat swelled, and slightly tender; but it was not painful, and could be perfectly straightened. It was rubbed with a white ointment, which brought out a great many pimples, and by which the skin was kept sore for six months; adhesive plasters were afterwards employed; but they aggravated the complaint from being, as he supposed, too tightly applied. Subsequently, leeches and poultices were had recourse to, and afforded him some relief. A perpetual blister was next recommended, and kept open for three weeks. During the use of this remedy, the leg became contracted nearly as much as it now is, having been quite straight before the application of the blister. Various other applications were also adopted, notwithstanding the use of which, the pain, swelling, and contraction continued to increase. The joint became enormously distended, and burst at the extre-

mity of the inner condyle in November, 1825. At this time, and subsequently, it discharged very much, and a quantity of substance resembling curds escaped at the wound. Some time afterwards an abscess on the outside of the femur formed and burst, leaving the sinus there situated.

"January 1, 1826.—The following medicine was prescribed:

℞. Hydrarg. submuriat. gr. ij.
Rhei pulv. gr. vj.
℥ ft. pulvis sumend. in melle bis septimane.
℞. Magnesia sulphatis ʒj.
Infus. rosæ ʒx.
Tinct. cardam. comp. ʒj.
℥ ft. haustus bis quotidie sumendus.

"Eight leeches were directed to be applied to the knee twice a week for a fortnight, and fomentations and poultices were constantly employed.

"January 14.—The tenderness, pain, and swelling are so much reduced, that the knee is now in a fit state for mechanical support, conjointly with the other means that have been detailed. The bowels have been regularly relieved by the medicines, the tongue is less coated, and the appetite somewhat improved.

"January 25.—The swelling, pain, and tenderness are very much relieved. He is now entirely free from pain, except on motion, and can even make an effort, when in bed, to straighten the limb, which is consequently less contracted. He cannot bear to have the joint moved, but can now walk on crutches without any inconvenience.

"February 8.—The joint is much reduced in size, and there is a proportionate diminution of the symptoms. He can bear the limb to be moved in either direction, but the motion of the joint is extremely limited. It is not at all tender, and the sinus on the outside of the thigh is entirely healed.

"From this time, the joint continued in a progressive state of amendment; in the following April he was allowed to use it, and could not only bear the weight of the body on it as well as on the sound limb, but could also walk up stairs with the greatest facility. The limb is very much contracted, and the joint allows of but very little motion. His health is quite restored."

ART. IV.—*Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London.* (Vol. XIII. Part II. pp. 407.) London, 1827.

PIECE OF IRON FOUND IN THE THORAX.—A case of this nature is communicated by Dr. Roberts; it occurred to David Gale Arnot, Esq. Surgeon to the Hospital ship Grampus. Wm. Hunt, aged 44, was admitted on board the hospital ship, Feb. 23, 1826, with severe inflammation of the chest, and died in a few hours. He stated on admission, that in 1812, he had received a musket shot in his left side. and that the ball was still in his chest: since that period he had been liable to violent inflammations, after exposure to wet or cold.

*Sectio cadaveris.* On opening the thorax, a cyst was seen, which was found to contain a piece of iron hoop, about an inch in length, and of the form of a crescent; the lung of that side completely hepatized. Upper part of the trachea and bronchia contained pus.

INJURY OF THE HEAD.—A case of which is communicated by Dr. Rogers, with some remarks by Mr. Tyrrell. The patient was a youth aged nineteen: he was in the act of discharging a gun, when it burst, from which the injury was received. A wound of considerable extent on the forehead, above the left superciliary ridge, was discovered to have been occasioned by the breach-pin of the gun, which had penetrated the skull, and entered the brain.

It is unnecessary to narrate the daily progress of the treatment; after the breach-pin was extracted, portions both of brain and bone were discharged from the wound, which finally healed up, and the individual entirely recovered, with the exception of the loss of vision in the left eye. The foreign body had been lodged in the cavity of the cranium twenty-seven days previous to its being extracted, notwithstanding which so little mischief resulted.

INFLAMMATION OF THE ILIAC AND FEMORAL VEIN.—A case of this description is related by Dr. C. F. Forbes. It occurred in a journeyman printer of intemperate habits, æt. 26, who was thought to be labouring under a pulmonary affection, attended with swelling of both ankles. That of the right ankle gradually subsided, while the swelling of the left, about a month before his decease, extended upwards, increased, and was attended with pain about the ankle, calf of the leg, knee, ham, groin, and lower part of the abdomen. Together with these symptoms, the limb became hotter than the other, and tender on pressure. When Dr. F. first saw him, a week previous to his death, he

found him in the last stages of consumption, the whole of the left lower extremity was enlarged to double its natural dimensions, extending from the foot to the crural arch. It pitted every where on pressure, but was no longer painful when touched, except at the groin. The colour of the skin of the limb was whiter than natural, and resembled that of anasarca. The subcutaneous veins above the ankle distinctly marked, being surcharged with blood: the mobility of the limb was totally destroyed, and the patient finally died.

*Sectio cadaveris.* An incision was made along the inner part of the thigh, beginning at Poupart's ligament, and extending below the knee.

The vena saphœna major and branches were much distended, and were found filled with coagulated blood; there was no disease of their coats. The cellular tissue was filled with serum; lymphatics healthy; the lymphatic glands of the groin rather enlarged.

The deep-seated veins presented a similar appearance to that of the superficial ones, the femoral being tense and filled with coagulated blood. The left iliac veins were exposed, and the trunk of the external and common iliac vessels were found even more distended than the femoral vein. The common iliac had an unnatural colour approaching to a greenish hue; it seemed as large as the inferior cava, and its distention suddenly terminated at the juncture with the right common iliac vein. The right femoral and iliac veins were nearly empty, and healthy in appearance. On opening the femoral vein, and the external and common iliac, they were found filled with coagulum of a much firmer consistence than is usual to be met with in healthy veins, having much of the fibrous appearance of the blood found in aneurismal sacs; when this was separated, a thin but distinct membranous layer was seen adherent to the internal coat of the vein, requiring some force to separate them; the femoral vein, examined as far down as the triceps, was in the same condition.

These morbid appearances were very similar to those described by Dr. Davis, in his paper on Phlegmasia Dolens, and if this subject had been a woman in the puerperal state, it would have doubtless been considered a case of that disease.

Morgagni, letter 56, article 10, relates a case of a female, whose left limb was œdematous, in which the left iliac vein was filled with a coagulum, as he terms it, of a polypous nature, the canal being quite obliterated by it. The crural vein was a third part narrower, and appeared to have been so for some time.

A case is mentioned by the author of this paper, in which a woman 63 years of age, and the mother of a family, who was

attacked with swelling and lancinating pain in the right foot several months previous. It extended upwards to the groin, where, as well as in the knee and calf of the leg, considerable pain was experienced: when he first saw her, the whole limb was swelled to double its natural size, from the foot to the hip; colourless and pitting on pressure; urine in natural quantity. Cupping and blisters in the course of the femoral vein were resorted to, which was followed by a very considerable reduction in the swelling; a bandage was applied, and the leg and thigh are of their natural size, but are deprived of the power of motion, and the foot continued still slightly œdematous.

Hydrophobia.—A case of this nature, with the appearances on dissection, and some remarks on the nature and treatment of the disease, is related by Anthony Todd Thompson, M. D. F.R.S. We deem it unnecessary to enter into an elaborate detail; we shall therefore only touch on the most prominent features of this

*Case.* Augustus Lange, an intelligent boy, ætat. eight years and a half, was the subject of this frightful malady, which arose from the bite of a rabid cat.

The wounds were freely excised the next day, and healed in nineteen days. Twenty days after the wounds were healed, he was attacked with hydrophobia; all the characteristic symptoms were present, and some which we believe have not been before observed; he complained that a little warm gruel, which he swallowed with difficulty, was cold; and also great uneasiness was caused by the agitation of the air on opening the door of the room; he observed, that "it took away his breath." Convulsive respirations were excited whenever any one moved in the room, or blew gently upon his face without his perceiving it. The cicatrices were fuller than they ought to have been, but were not more florid than usual, nor were they painful on pressure.

Opiate frictions were resorted to, and hydrocyanic acid given internally, and the bowels were kept open by means of a powder of calomel gr. 5 to tart. ant. one-fifth of a gr. every sixth hour. It is needless to enter more minutely into the details of the treatment and its effects; suffice it to say, that some improvement appeared to follow the use of the prussic acid, so much so as to lead to a hope of final recovery; which, however, proved delusive; every bad symptom recurred, the convulsions became general, and recurred every two minutes, without any apparent exciting cause.

They began with a sudden start and wild look, tossing about of the legs and arms ensued, terminating with emprosthotonos and

an attempt to bite his own clothes. During the paroxysms there was evident delirium, as he raved respecting the mad cat. He was, however, perfectly collected during the intervals. An abundant secretion of tenacious mucus was now constantly hawked up from the throat, and spit about the room. Nature finally sunk exhausted under the malady.

*Sectio cadaveris.*—The body presented nothing unusual externally, except a greater rigidity than is customary, and a peculiar fœtor was exhaled. The spinal canal was laid open so as to expose the cervical, and part of the dorsal portion of the medulla spinalis. "The whole of the cellular membrane between the theca vertebralis and the parietes of the canal was loaded with suffused blood, which in several places, lay in black coagula. Six inches of the cord from the third cervical to the fifth dorsal were removed, and the dura mater slit up, when the vessels of the spinal cord were seen turgid, especially those of the dorsal nerves. The cranium was opened, and the meningeal vessels were found more turgid with blood than usual, but not so as to indicate inflammation. No bloody points were seen in dividing the substance of the brain. The ventricles were empty; the choroid plexus more turgid, and darker coloured than common; and on the base of the brain, especially in the pia mater covering, the pons varolii and medulla oblongata evident symptoms of inflammation were noticed. The lungs gorged with dark coloured blood, otherwise healthy, as were also the heart and pericardium. The vessels attending the left phrenic nerve were turgid with blood, those of the right, natural. The larynx displayed a slight blush, deepened on the outer surface of the epiglottis, and still more on the inner one. Lining membrane of the trachea slightly redder than usual. The pharynx was evidently inflamed. There was no unhealthy appearance in the œsophagus. Several patches of ecchymosis were found in the stomach; other parts apparently in a healthy state."

Some interesting remarks follow this case, in which Dr. F. maintains that the inflamed state of the spinal chord and pons varolii, is the cause of the sense of suffocation, the convulsive spasms, &c.

He suggests as a mode of treatment more likely to succeed than any other, to cup the patient repeatedly along the whole course of the spine, and follow this with blisters to the same part; to give large doses, say twelve and fifteen grains, of calomel, with tart. emetic, while the strength remains unimpaired, in

order to clear the primæ viæ and have the sedative effects of large doses of calomel.

He then recommends the administration of the prussic acid in full doses, and is induced to look for more permanent advantage from it, than he obtained in the foregoing case, from the success attending its employment by professor Brera, in Rachialgitis. In Lange's case, ammonia seemed to increase the violence of the symptoms, which was owing to its arousing the sensibility of the nervous system, which is already too great in hydrophobia.

With respect to the tonics to be used for supporting the system under the use of the prussic acid, the sulp. of quinine may be employed, and alternated with nitrate of silver, which experience has proved to be a most powerful antispasmodic, as well as tonic, in chorea. The excessive sensibility of the surface throughout this disease, indicates the necessity of keeping the room warmer than might otherwise be requisite.

Ovarian Dropsy.—An extraordinary case of this nature is communicated by Dr. Charles Thomas. Ann Payne, aged 52, had many children, and menstruated several years after the disease was formed. Twelve years ago, a swelling was noticed in the left iliac region. It continued to increase, remained distinct and moveable for some years, and afterwards became fixed and uniform, occupying the whole abdomen.

She measures round the most prominent part fifty-four inches; the distance from the ensiform cartilage to the pubis is twenty-six inches. Mind cheerful; appetite and sleep good; legs somewhat œdematous; she only complains of the bulk of the tumour.

She was repeatedly tapped; the first operation discharged seven quarts of serum; the next, about a month after, performed over the site of the tumour, evacuated twenty-two quarts of fluid like thin coffee-grounds, and afterwards five quarts of clear serum from the cavity of the abdomen.

In about five weeks more, twenty-two quarts more of a brownish fluid were discharged by tapping. In three weeks twenty quarts were evacuated. Other operations were practised, by which a quantity not stated was discharged. She finally died, and on examining the body, the peritoneum was become very opaque, of a somewhat cartilaginous texture, and about a quarter of an inch in thickness. On exposing the abdominal cavity, nothing could be seen but one immense uniform tumour, occupying the whole of it, except the interstice of about an inch, extending round in every direction. From this space two quarts of fluid were pressed out.

The tumour was moveable, and a puncture being made in its most depending part, twenty-two quarts of fluid, like thin coffee-grounds, were drained off. Its sides were generally half an inch in thickness, and in some parts an inch, possessing the same cartilaginous character as the peritoneum, its greatest circumference was forty-two inches, its least thirty-eight. It was the left ovary, and was fixed to the lateral ligament of the uterus by a pedicle of peculiar firmness, about an inch in diameter, and had no other attachment whatever. There was no disease of the uterus and right ovary, nor any of the abdominal or pelvic vicera. The whole of the intestines were displaced, and lodged close to the right side of the spine. A large mass of hydatids occupied the lower part of the cavity of the tumour.

Dr. Thomas, in his concluding observations, observes, "could we have gone on to empty the sac without interruption, it may fairly be inferred, that from the sound state of all the important organs, she might have lived for many years."

Duration of Pregnancy.—The great Gardner Peerage cause, in which the conflicting opinions of many of the most eminent medical men of Great Britain were laid before the highest judicial tribunal of that kingdom, has given a spur to inquiry in relation to the duration of pregnancy. Some cases, and a table, illustrative of this subject, are presented by Samuel Merriman, M. D. F. L. S. He observes:

"When I have been requested to calculate the time at which the accession of labour might be expected, I have been very exact in ascertaining the last day on which any appearance of the catamenia was distinguishable, and have reckoned forty weeks from this day, assuming that the *two hundred and eightieth* was to be considered as the legitimate day of parturition. The subjoined table shows how often this day was deviated from, and what was the actual number of days from the day of menstrual intermission to the birth of the child.

A table of the births of 114 mature children, calculated from, but not including the day on which the catamenia was last distinguishable.

| | |
|---|---|
| At 255 days, 1 | At 262 days, 2 |
| 256 .... 1 | 263 .... 2 |
| 259 .... 1 | 264 .... 4 |
| — | 265 .... 1 |
| 3 in the 37th week. | 266 .... 4 |
| | — |
| | 13 in the 38th week. |

At 267 days, 1
268 .... 1
269 .... 4
270 .... 1
271 .... 2
272 .... 2
273 .... 3
—
14 in the 39th week.

At 274 days, 4
275 .... 2
276 .... 4
277 .... 8
278 .... 3
279 .... 3
280 .... 9
—
33 in the 40th week.

At 281 days, 5
282 .... 2
283 .... 6
284 .... 1
285 .... 4
286 .... 3
287 .... 1
—
22 in the 41st week."

At 288 days, 5
289 .... 2
290 .... 2
292 .... 4
293 .... 2
—
15 in the 42d week.

At 295 days, 1
296 .... 2
297 .... 2
298 .... 4
301 .... 1
—
10 in the 43d week.

At 303 days, 1
305 .... 1
306 .... 2
—
4 in the 44th week."

This table seems to indicate that the opinion of Dr. Lyall is not correct, " that conception takes place a short time previous to the next expected menstruation," but that it is effected soon after the catamenial period has intermitted.

A knowledge of this fact is likely to be useful on many occasions, but is of great importance in enabling us to fix on the time for exciting premature labour in cases of deformed pelvis, which allow of no other hope of preserving the child.

On a few occasions, the period of delivery, dated from the last appearance of the catamenia, exceeded 44 weeks, or 308 days.

1. Mrs. I. was regular in March, 1813; had no appearance after the 7th inst.; was led to believe she had conceived on the 8th. Labour took place on the 11th of January, 1814, making 309, not including the day of supposed conception, since the cessation of the catamenia. This lady was one of great modesty and good sense, and had formed her opinion respecting her state after the experience of ten pregnancies, in all of which she had calculated from the same data, and her reckoning had proved correct.

2. Mrs. N. had lain in of one child, and on that occasion the period between the catamenial intermission and labour, was 303 days. Mrs. N. was unwell in November, 1822, recovered on the 15th; no subsequent appearance. Labour occurred on the 5th of October, 323 days from the day of intermission.

3. Is a remarkable case. Mrs. B. more than 40 years of age, had not borne a child for 9 years. She was unwell in March, 1823, for the last time. As the catamenia did not return after the ensuing pregnancy, she comforted herself with the hope, as there was no return in April and the following months, that she had happily passed her critical change of life. After a considerable time, she began to enlarge in size, and fearing that some disease was forming, she applied to a physician, who supposed it to be ovarian. The enlargement continued to increase, and she applied to Dr. M., who being positively assured that there had been no appearance of the catamenia for more than twelve months, thought the enlargement was occasioned by an ovarian tumour. When permitted to make examination per vaginam, however, it became evident that pregnancy was considerably advanced, and in nine or ten weeks after, (viz. Sept. 27th, 1824,) she was delivered of a very stout healthy boy. It is certainly a very unusual event for a woman upwards of forty, to have a child after an interval of nine years, even if she had regular returns of her menstrual periods; but when these have ceased for many months in a woman so late in life, it is very extraordinary that pregnancy should occur, especially as there was no return of the catamenia.

(*To be continued.*)

UTILIA FIDELITER EXCERPENDUM.

# ANALYSIS

OF

# AMERICAN MEDICAL JOURNALS.

ART. 1. *The North American Medical and Surgical Journal, for April*, 1828.

1. CONGENITAL CLUB-FOOT.—In some observations on this disease by Dr. Henry Neill, we find that from the time of Hippocrates to the present day, very little progress has been made in its pathology or treatment. After describing briefly the different plans of treatment, and variously modified apparatus used by the ancient and more modern surgeons, our author relates the case of his own child, who in 1813 was "born with her feet turned inward and upward, so that the great toe was lying nearly on the tibia." After abandoning, in succession, Sheldrake's apparatus and the laced boots, on account of abrasion and ulceration produced, Dr. N. was so fortunate as to invent a splint that succeeded completely in removing all deformity. The splint was scraped with a penknife to the soles of the feet, being connected with a transverse piece, and having leather loops attached to the heels to secure the bandage. From six to nine months are usually required to effect a cure.

2. CARIES OF THE TIBIA.—Dr. J. R. Horn, of Stantonsburgh, North Carolina, communicates a case of this disease, occurring in a coloured man, about 60 years of age. From the symptoms detailed, which were, briefly, an ulcer on the leg

about three inches square, of twenty years' duration, "callous and very uneven," though "not tender to the touch, edges rounded and white, constantly secriting an aqueous fluid mixed with pus; which appeared healthy in spots, but generally rather like sanies, tinging the dressings of a dark green or black colour." "From these symptoms," says Dr. H. "a caries of the tibia was strongly suspected." But how was it treated? "As a simple indolent ulcer," by escharotics, and afterwards Baynton's plan. The fetor which usually attends caries was either altogether absent in this case, or not taken into the account. However, it seems the Dr. was disappointed, as this *was the first time he had ever seen an ulcer* (not of a specific character) *refuse to yield to straps and bandages.* This is the more extraordinary, as every one knows that Baynton's method is exclusively applicable to the indolent form of ulcers.

Two years after, we are informed, all the symptoms were aggravated, and amputation below the knee was resorted to, and in two months after it became necessary, from the caries not having been checked, to remove the limb above the knee.

The patient finally recovered. But there is one *fact* we have omitted to mention, and that was an anodyne and purgative effect severally produced by the application of powdered opium and rhubarb in the dressings to the stump.

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3. Datura Stramonium.—Dr. Cunningham, of Arkansas, gives the result of his experience in the use of this article. In *asthma* he has succeeded in speedily terminating the paroxysm, by directing the seeds to be smoked until vertigo was produced. By a recourse to this the attack has been repeatedly prevented, and "in several cases, I have reason to believe a complete cure has been effected."

In a case of Epilepsy occurring in a boy aged 14, marked benefit was received from giving 20 grs. of powdered leaves, thrice a day, and a teaspoonful of the saturated tinct. every six hours.

In *inflamed or irritable* ulcers, the leaves bruised or wilted by pouring boiling water on them, will be found to agree well.

In *inflammation of the mammæ, and hemorrhoids*, it has proved a useful discutient in the form of a poultice.

In *enlarged spleen*, or ague cake, after encountering many failures by treating it as a chronic hepatitis, our author states:

"For the last three years, I have had recourse to the stramonium. *Externally applied*, I am warranted in saying that the leaves, wilted by boiling water, and applied as a poultice over the enlarged spleen, as warm as the patient can bear, and renewed night and morning, will, if persevered in, completely remove the disease. It will be necessary to keep the bowels open, by taking a small portion of Epsom salts every night. By this means, I have not failed to remove the disease in a few days, in recent cases; those of long standing will require perseverance in the remedy for several weeks."

As to the stramonium being the only agent in removing the disease under consideration, we entertain strong doubts, and are disposed to attribute part of the cure to the purgatives and alteratives employed. which we conceive would exert no very slight influence in relieving the congested state of this organ.

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4. Ulcerated Scrotum.—Dr. J. Randolph describes a peculiar ulcerated condition of this organ, which was mistaken for a malignant ulcer of the testicle, and its immediate extirpation recommended by a physician, of Richmond, Virginia. The patient, however, was induced to come to Philadelphia and obtain the advice of Dr. Physick, who having met with four similar cases in the course of his experience declined the operation. At the period when Dr. Physick examined it, the following appearances presented, viz: an ulcer occupying about one-third of the scrotum, having a smooth, thick margin, rounded, and also jagged in places; its surface covered with a mass of coagulating lymph, which extended under the sound integuments, and adhered to the granulations beneath.

This mass as it arose above the surrounding surface, was mistaken for fungous granulations shooting from the testicle. The testicle was indurated and enlarged, and likewise the cord. The cause of this disease was not apparent, as it could not be ascribed to external injury or venereal infection.

A vegetable diet was directed, and fifty drops of Fowler's solution twice a day, the parts to be suspended, and a carrot poultice to the ulcer. The carb. ammon. was occasionally sprinkled on its surface. The carrot poultice was soon after changed for one of bread and milk, and finding the separation of the lymph going on very slow, the arsenic and sulphur was applied. After the detachment of the slough, the granulations assumed a more healthful aspect, and a preparation of Dr. Physick's made by steeping rust of iron in nitric acid, was next applied: and this was followed by poultices, Mahy's plaster, simple cerate, &c. In about three months the cure was complete, during the progress of which two sinuses formed. Next follow some observations on the external use of arsenic as a caustic, which, according to Dr. Physick's, as well as the reporter's experience, has never been productive of deleterious consequences.

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5. Digitalis in Phthisis.—S. B. Smith, M. D. Surgeon in U. S. Army, reports a very interesting case of an incipient form of phthisis pulmonalis, in which the digitalis appeared to exercise a very beneficial influence in arresting the disease. As there is no novelty in this method of treating phthisis, and as opium, mucilaginous drinks, repeated blisters and frictions, with hot brine, &c. were employed in conjunction, we are very unwilling to ascribe all the relief afforded to the digitalis, as we do know it to have exerted a mischievous tendency in these affections.

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6. Pneumo-Gastric Nerves.—Edward R. Ware, of Georgia, in an experimental inquiry on the influence of these nerves over the functions of respiration and digestion, arrives at results corresponding with those of Sir Wilson Philip, so far as relates to the interruption of these functions, in consequence of a division of the par vagum, but are at variance with regard to the identity of the galvanic fluid and the vital principle.

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7. Chronic Headach.—Dr. John C. Otto relates a case of this affection, occurring in a boy 11 years of age. He was subject to daily attacks of great violence for several years. Five drops of Fowler's solution were directed three times a day, with advice to avoid all exciting causes. &c. After a continuance of this treatment for two weeks, the disease yielded.

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8. Affections of the Mammæ, mistaken for Cancer.—Dr. Joseph Parrish has communicated a practical paper on this subject, in which, after detailing a variety of complaints simulating cancer, he endeavours to show the vast importance of an accurate diagnosis. If we comprehend rightly Dr. P.'s view in regard to cancer, we believe them to be in entire accordance with the best practical writers. He considers it to be a specific disease, affecting the constitution, and in a majority of cases extirpation avails but little.

Dr. P. next enters upon the consideration of the liability of mistaking natural structure for cancer, which is illustrated by the recital of several cases. He also alludes to the danger of confounding all hard, and extensive, painful, and chronic tumours of the breast, with the disease in question, more especially if there are two or more existing in the same breast. Scrofulous enlargements are not unfrequently met with in this situation, and liable to be confounded with cancer. The former may generally be known by fluctuation, diffused redness, the integuments full and plump, a discharge of pus following an introduction of the lancet, which circumstance Dr. P. is induced to consider as conclusive, in as much as he has never found *genuine pus* to attend on *cancer*. Cysts, containing a serous fluid, occasionally form in the breast, and may be mistaken for scirrhus.

9. Phlegmasia Dolens.—Dr. R. M. Huston, in continuation of a paper that appeared in a previous No. of this Journal, gives the history of four cases of this affection which fell under his notice. The treatment contains nothing novel or remarkably instructive. As he considers the disease highly inflammatory, both local and general depletion are employed in conjunction with diaphoretics, and hot spirituous embrocations to the limb.

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10. Tartarized Antimony in Phlegmasiæ.—Dr. Jas. Kitchen, Jr. has communicated a valuable paper on this subject. This practice is not new, as the doctrine of counter irritation, from which it appears to have originated, was long ago advocated in Italy, and more recently by the French schools of medicine. M. Laennec is noticed as having pursued this plan with singular success in most of the phlegmasiæ.

Dr. K. describes, from memory, several cases of pneumonic inflammation treated by M. Laennec, at La Charité, in which, after V. S. to twenty ounces, tart. antim. was exhibited daily, to the amount of gr. vi.; gradually augmenting the dose of antimony if the case required it, and the stomach retained it. In one case of unusual violence and obstinacy, 212 grs. were exhibited in the course of one month. Dr. K. adverts in the next place to his own experience, in the use of large doses of this article in pneumonia. From all which it appears that the practice is not only safe, but highly efficacious. In articular rheumatism, M. Laennec has found the tart. antim. possessed of gigantic powers.

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11. Gastric Irritability—Dr. J. Hopkinson describes a case of this disease in which no food or medicine whatever could be retained by the stomach. Dr. H. was led to consider it as simple erethism. A little cool water only was allowed at intervals, and a blister was directed to the epigastrium. The drink was afterwards changed for toast-water, and to relieve the thirst at night, calomel was prescribed in minute doses, occasionally resorting to the black drop. The pulse was uniformly at eighty—the skin not hot: and tongue slightly furred—there was singultus, burning pains, and eructations, previous to vomiting. As no attention had been paid to the state of the bowels, about the end of the third week it became necessary, from the anxiety expressed, to relieve them by enemata. Kino was also given with a view of restoring the tone of the stomach, which was suggested to be in a state of *ramolissement*. At this advanced period of the disease she was cupped, although the pulse was scarcely perceptible. The debility and emaciation at length became extreme, and the white of egg beaten up with sugar, became the principal article of diet. The patient eventually recovered, though not until after encountering a relapse.

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12. Ulceration of the Intestines.—G. S. Bettner, of North Carolina, reports the autopsic examination of five cases, principally fever, which diseases had existed some length of time prior to admission into the Philadelphia Alms House Infirmary. The cases appear to be accurately drawn up, the accompanying remarks judicious, and we can readily assent to the truth of the author's opinions.

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13. Remarks on Yellow Fever.—Samuel Emlen, M. D. has given a very able and elaborate dissertation, with a view to explain the cause of its first appearance along the wharves of sea port towns. As our limits will necessarily prevent us from entering minutely into the facts and arguments adduced, we shall content ourselves by making the following abstract, which contains a brief exposition of the leading principle.

"So that when the season occurs for the appearance at night of the dense and ponderous fogs hanging over our rivers, to which the miasmata adhere, whether disease shall, or shall not, be produced, must depend upon many contingencies. That the heat necessary to produce putrefaction, and the materials

suited to the production of the poisonous effluvia, must be present, is certain. It is also well known that the presence of water or moisture promotes the decomposition of vegetable and animal matter, and hastens the escape of the morbific miasma; but it will not be contended that the putrescent materials on our wharves, saturated as they are with moisture continually, can receive from the dampness or floating fog of the night, such an accession of moisture as to account for the production of a sickening and fatal effluvia at this time only, and that for want of it this process is entirely at rest during the day. The inference is then, as I have endeavoured elsewhere to show, that all the other requisites being present, the humid atmosphere, such as is produced on our wharves by the fogs arising from the adjacent body of water on the approach of cool nights, is also a *sine qua non* in the production of yellow fever: that the fog is in fact the recipient, concentrating and increasing the virulence of the miasma escaping at night from putrid substances on or near the water's edge, and thus producing disease, which is not produced during the day, nor indeed at night without this auxiliary. But if the theory be well founded, it must still be evident that the irregular and fluctuating phenomena of fogs, their formation depending upon the air being colder than the water, and being thus subject to the changes of temperature, will render the frequency, as well as the intensity, of their appearance always uncertain.* Their effects, also, in aiding the miasmatic exhalations to produce the fever will depend upon the stillness or agitation of the atmosphere. If the atmosphere be still, or if a breeze towards the wharf be present, and more especially if this be of frequent occurrence, the inmates of the adjacent buildings, and others near at hand, without proper precaution, would be likely to suffer from the effects of the miasmatic poison. But if otherwise the wind should be strong, or the current of air in the contrary direction, no disease would be induced. In this way may we not explain the irregularity of the appearance of yellow fever? not only the intervals elapsing between its visits, but also the appearance of the disease in a sporadic form in different situations, as it did in this city in 1819, and its more general prevalence as an epidemic as occurred in the memorable years of 1793 and 1798? The highly concentrated poison may be slowly wafted along the wharves from its different sources, such as foul vessels and damaged cargoes, the fetid mud exposed at low tide, on which all the sewers and gutters empty their filth, and the mass of vegetable and other offal matter constantly putrefying along the water's edge, and in this way pass into open doors and windows, or along the streets adjacent, and affect a few individuals, whilst those shut up, or not in the direction of the breeze, escape. This state of things may not again occur, or a strong wind or the heat of the sun may disperse the whole, and no extension of the disease take place. But if the pestilential poison be sent night after night, in the same direction, in narrow and shaded streets, not accessible to the sun, and into houses carelessly left open, the probability is that the disease will become epidemic. The irregular periods at which yellow fever has appeared have been attributed to an epidemic constitution in the atmosphere, or certain inexplicable occult qualities, preceded by a mean temperature of about 80 deg."

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14. URETHRO-TOME—Invented by E. R. Chew, of Louisiana, appears from the accompanying plate and description of the instrument, well adapted to accomplish the purposes for which it was designed. In general, however, we are disposed to think the operation of dividing strictures of this canal as altogether

* According to the explicit theory of Sir H. Davy, fogs will be increased in proportion to the previous heat of the summer; because the warmer the water, the greater the variations are likely to be in the temperature of the air from that of the water, by which the quantity and denseness of the fog is regulated. This fact may explain an influence of the summer heat in producing yellow fever, not before noticed; as the higher the temperature is, not only the greater is the quantity of miasmata induced, but the greater the fogs along the river, which control and give them efficiency.

unnecessary. Inasmuch as Dr. Harlan, in an appended case, has succeeded in dividing a stricture of some extent, seated in the membranous portion of the urethra, surrounded with three false passages, discovered on autopsic examination, as the patient died of some constitutional disease three days after, on the whole, Dr. H. speaks very favourably of the instrument, which consists of a curved silver canula, having a flexible steel rod passing through it, provided with a double cutting edged knife, two inches from the *extremity* of the flexible wire tube, which is bulbous or pointed. There are also several screws attached to the instrument, which aid in its mechanism.

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ART. II. *The New York Medical and Physical Journal for April*, 1828. *No.* 1, *New Series.*

IT will be seen that we have headed this article No. 1 of a New Series—following the example of some of our cotemporaries, the editors of the New York Journal have presented us with a longer list of editors than usual. We subjoin an extract from their address to their "Readers and Patrons."

"With regard to the general plan upon which the Journal is to be conducted, we have only to say, that it will be precisely the same as it has always been. It is to continue to be an *original American Journal*—not professedly, but really such. While, therefore, under the head of Quarterly Improvements in Medicine and Surgery, we shall notice whatever is particularly new and interesting abroad, our main object will be to give a faithful view of what is doing in our own country. There being already published in this country, two Medical Journals, viz. Johnson's Medico-Chirurgical Review, and the Monthly Journal of Foreign Medicine, containing the fullest account of what is doing in medicine in other countries, we conceive we should but ill consult the taste or the interest of our readers, by occupying one-third or one-half of our pages with imperfect and mutilated transcripts from these Journals. Our subscribers may therefore rest assured that we shall not resort to this easy and cheap mode of filling up our numbers."

Any person reading the above extract will, *if he be credulous*, certainly be convinced that, in order to keep pace with medical science in our own and foreign countries, it will be absolutely *necessary* to take the New York Medical and Physical Journal, and at least one or two foreign Journals. For our own parts, after we had read the above, we expected on examination to find "*an original American Journal*—not professedly, but really such." Judge, reader, our surprise when we found that but eighty-five pages were devoted to the original department; fifty-seven to "imperfect and mutilated transcripts," mostly from "*foreign* journals;" and the remaining sixteen, with the exception of about two pages, to what is "*really*" but *not* "professedly" the object of this Journal, to give publicity to the concerns of the "University of the state of New York."

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1. MEDICAL EVIDENCE.—The first article in this number is the Annual Address, delivered before the Medical Society of the State of New York, by T. Romeyn Beck, M. D. It is on the subject of Medical Evidence, and reflects great credit upon its author, who is already so advantageously known as the author of one of the best works on Medical Jurisprudence that has been presented to the profession. The paper is not of a nature to admit of analysis.

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2. APOPLEXY AND HYDROCEPHALUS.—Dr. Rhinelander makes some observations on the above diseases, and says that in investigating their pathology "it will be made to appear, that there is great probability for the belief that pressure arising from accumulated fluid or extravasated blood, does not occasion death so often as is generally supposed—that they may exist without impairing

the function of the brain; and lastly, that water in the brain, usually denominated hydrocephalus, is in most cases a healthy action set up by nature, to restore the powers of this viscus, and to prevent the rupture of its blood vessels."

We quote his concluding observations:

"It seems to result from the preceding investigation, that the brain is incompressible, or nearly so; in consequence of which, the blood in that organ cannot be sensibly diminished—that effusions of blood, serum, and water, do take place without impairing the functions of the mind—that no pressure upon the cerebellum produces any sensible impression—that it is the indirect pressure upon the spinal chord that gives rise to difficult respiration—and lastly, in a practical point of view, these deductions will lead us to avoid those excessive bleedings, which are the cause of confounding apoplexy with re-action from exhaustion, which these large evacuations bring on; and in the treatment of hydrocephalus, as there is no symptom which can positively inform us when effusion has taken place, our endeavours should be unremitted in the continuance of means, even when the case is apparently hopeless. They will also cause us to be on our guard against those transmitted irritations, which are so frequent, so deceptive, and so embarrassing, and give close circumspection to diseases of the bowels in children, as the brain is almost always the first to be affected sympathetically, producing irritation, and at last disease of that organ."

Dr. R. adduces a considerable number of facts in support of his opinions, and states that if this view of the pathology of the brain be correct, the practice to be deduced from it is, 1st, the use of moderate bleeding; 2d, counter-irritants; and, 3d, active purgatives.

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3. Chlorides of Lime and Soda.—Professor L. C. Beck states the chief design of this paper to inquire into the nature of those compounds which have been called, improperly, as he conceives, chlorides of lime, soda, &c.—the manner of obtaining them, as well as their mode of operating, as disinfecting agents, are given. We do not conceive it necessary to follow him on these subjects, and simply state the conclusions at which he has arrived.

"First, That there are no definite compounds of chlorine and soda, or of chlorine and lime. Analogy would lead us to extend this to all the metallic oxides; and we might hazard the general assertion that chlorine is not susceptible of combination in definite proportions with the metallic oxides, at any temperature, or under any circumstances. For it should be recollected that in consequence of the superior attraction of chlorine for the metals,, whenever the oxides are highly heated in contact with it, oxygen is evolved, and a chloride of the *metal* is formed.

"Second, That the bleaching and disinfecting powers of the supposed chlorides of soda, lime, &c. depend upon the chlorine held in solution by the water which exists in the hydrated oxides are dissolved and suspended. And that the same explanation will apply to the various saline solutions which exhibit these powers."

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4. Uvularia Grandiflora.—It has been long known that the Indians make use of a vegetable remedy for the bite of the rattlesnake. Considerable uncertainty has hitherto existed respecting the plant to which they resort for this purpose. J. G. Tracy, Esq. of Albany, in the paper before us, gives an account of the circumstances which led to a knowledge of the facts, that the *uvularia grandiflora* is the plant employed, and also favours us with the following description of it:

"Uvularia, corolla inferior, 6-petalled, erect; claws of the petals each furnished with a nectariferous cavity. Filaments, very short, growing to the anthers; stigmata reflected, capsule 3-angled, 3-celled, 3-valved, valves septiferous in the middle; seeds many, subglobose, artillate at the hilum.—*Nuttall's Gen.*

"U. *grandiflora*, leaves perfoliate, oblong acute; petals smooth within; anthers somewhat obtuse; nectaries roundish.—*Smith Ex. Bot.*

"U. *perfoliata* major.—*Michaux Fl.*

"U. *lanceolata.*—*Willd. Sp. pl.*

"Hab.—Shady hills, in fertile soil, and among rocks: from Canada to Carolina.

"It has a general resemblance to Solomon's Seal: leaves alternate, smooth and perforated by the stem, which is forked near the top: bearing one, rarely two, drooping liliaceous yellow flowers early in May."

No account of the dose is given, but it is stated that the Indians administer a decoction of the roots and leaves, and then bind these parts of the plant to the wound.

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5. Compound Fracture of the Elbow-Joint.—Cases of this kind have been usually considered as requiring amputation, especially if attended with much laceration of the soft parts. In opposition to the views of Sir A. Cooper, Boyer, and many other distinguished surgeons, Professor Stevens expresses his opinion that amputation is not necessary in these cases, even when the brachial artery is lacerated; on the contrary, he conceives that from this circumstance the inflammation is moderated; and the suppuration is less copious than in similar cases, where the continuity of the artery is preserved. In support of these opinions he details a highly interesting case of compound luxation of the elbow-joint, in which the integuments at the bend of the elbow were lacerated transversely to the extent of two and a half inches; the tendon of the biceps and the brachialus internus rent asunder; the nerves stretched before the condyles of the humerus; and the brachial artery torn and projecting from the wound. Seventeen hours after the accident he came under the care of professor S. who immediately tied the vessel about an inch above the upper lacerated extremity,—the lower never gave out any blood. The reduction was then accomplished; the fore-arm fixed at a right angle; the wound dressed with dry lint and adhesive plaster; a lotion of spirits and water near the wound; v. s. ad xvi oz.

"From the time of the accident until his discharge from the hospital, was a period of eight weeks; a very slight degree of flexibility of the elbow remained after the cure; but the power of the flexing and extending the hand and fingers was as good as ever."

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6. Nyctalopia.—J. Watts, Jr. M. D. relates a case of this kind cured by means of repeated bleeding, blisters, emetics of ipecacuanha, digitalis, purges of salts and tart. antimony. From the 3d of March to April 2d, the patient lost nearly one hundred and eighty ounces of blood, abstained as much as possible from the use of food, took one hundred drops of the digitalis daily, and was discharged the hospital "with an appearance of high health, and an augmentation of both flesh and strength."

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7. Indigestion.—Dr. D. L. M. Peixotto relates a case, as he terms it, of protracted indigestion simulating other diseases, which he thinks may, with propriety, be referred to that class of diseases termed, by Dr. Marshall Hall, Mimosis.

"The characteristic traits of these are a general morbid affection, combined with a great and multiform variety of topical symptoms, the predominance of one or other of which produces a close imitation of other diseases, widely different in their nature."

The symptoms had existed about three years; had resisted the means employed by other physicians, and finally yielded to the use of the oxide of bismuth, in pills of from three to five grains each, mixed with gum tragacanth, and repeated thrice a-day; gentle laxatives; and astringents of kino and Dover's powders.

The cases in Morbid Anatomy present nothing of particular interest. A case of abdominal dropsy, supervening on a suppression of the catamenia, is recorded by Dr. R. Bayard of Nova Scotia; it illustrates the beneficial effects of venesection in such cases.

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8. Amputation at the Elbow-joint.—Dr. J. K. Rodgers has recently performed the operation of amputation at the elbow-joint, in a case of gunshot wound. The stump healed without difficulty, and is far more useful than if the arm had been amputated at the usual place, i. e. above the joint. Dr. R. therefore recommends this operation, in appropriate cases, to his professional brethren.

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9. Sudden Death.—Dr. Xavier Tessier, the distinguished editor of the Medical Journal lately published at Quebec, in a letter to the editors, states as his opinion, that the heart alone is the seat of those affections which occasion sudden death. As the subject is highly interesting, Dr. T. deserves well of the profession for bringing it forward, and we shall be happy to peruse, and to present to our readers, his subsequent observations.

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The reviews in this journal are written with a degree of spirit we cannot but admire; and although we see two rival journals pitted against each other—the New York Medical and Physical Journal, representing the University of New York—and the American Journal of the Medical Sciences, representing the University of Pennsylvania, (*notwithstanding* the "Collaborators,") we most heartily coincide in the sentiments expressed in the following passage, which we quote from the review of Delafield's Notes on Travers' celebrated work on Diseases of the Eye.

"The extreme sensitiveness in relation to every thing American, which has been so assiduously cherished, has induced us too often to look with a degree of kindness and partiality upon productions which, under other circumstances, would have drawn down upon their authors the lash of severe but merited criticism. Under the influence of this feeling, a general immunity seems to be enjoyed by our writers, and the only contest among our leading journalists seems to be, who shall sing the loudest hosannas to the triumphs of American genius. As might be expected under these circumstances, empiricism has grown bold among us, and the plunderings of encyclopedias, dictionaries, libraries of knowledge, &c. &c. are sure to be abundantly lauded, provided they are only presented under the imposing title of an original production. It is the same general feeling which has given such scope to those small wares of medical literature, denominated *text books*, with which we are at present inundated in this country, and which, for the most part, furnish no other evidence of the capacity of the author, or rather *compiler*, than that he can read and write. Now all this, we humbly conceive, is not very likely to aid substantially amongst us the cause of medical science; and it is high time that some check should be given to a system which is bolstering up the weak, the vain, and the superficial, and which, in an especial manner, is operating to the detriment of the younger members of the profession to a most alarming extent. If our journalists had independence enough to do their duty, the evil would not long be complained of; but, unfortunately, those of them who make the greatest pretensions, and who undertake to dictate laws to the medical public, are themselves too frequently obnoxious to the very same charge."

Every one who has read our journal must be satisfied that the observations in the last sentence do not apply to us. We have held up our hands—we have proclaimed loudly and emphatically against this "*text book*," this *money making* system. If the spirits of the dead could hold communion with the living, we would invoke the departed fathers of our favourite science, (who, perchance, "may now be looking down from the high arch of heaven upon the doings of

their successors,") to check these growing evils—to nip in the bud—to wither ere they blossom, these foul weeds which are springing up in their once fair Eden.

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In the Review of the Report of the Philadelphia Medical Society on Quack Medicines, professors Chapman and Dewees *figure conspicuously.* The committee, in the discharge of their duty, have necessarily brought upon the names of these gentlemen a load of obloquy which neither their influence can remove, nor the waters of Jordan can ever cleanse.

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ART. III. *The American Journal of the Medical Sciences. No.* III. *May*, 1828.

1. CUPPING GLASSES IN POISONED WOUNDS.—Within the last few years the physiological investigations of Dr. Barry have attracted considerable attention, and are sufficiently known to induce us not to enter, at the present time, into an examination of their merits. The peculiar views of absorption entertained by Dr. Barry, are, that it is not a vital function, but "a physical effect dependant on the same cause as the venous circulation: i. e. atmospheric pressure." It is thus defined by him: "absorption, as exercised by living animals, in its physical acceptation, and with reference to matter external to those animals, is the transport of that matter from their surface towards their centre." This is effected by "atmospheric pressure," and two causes or circumstances are considered as indispensable to its accomplishment.

*First.* "A free communication between the matter to be absorbed, and the thoracic cavities."

*Second.* "Atmospheric pressure, modified by the expansion of these cavities around one end of the communicating tubes, (the sanguiferous or lymphatic veins,) while the same pressure is free and undisturbed around the other."

Under such impressions Dr. B. very naturally conceived that the deleterious effects of poison (poisoned wounds) could be prevented by arresting absorption, and in order to test the correctness of his theory, he instituted a series of experiments, the results of which are already familiar to our readers.

Considering the results of these experiments highly interesting in a physiological as well as in a practical point of view, the author of the article under review, Dr. Caspar Wistar Pennock, of this city, repeated a similar series of experiments in the Philadelphia Anatomical Rooms, during the month of August, 1827, and arrived at the following conclusions.

"*First.* The usual effects of poisoned wounds cannot take place during the absence of the atmospheric pressure procured by the application of cupping glasses.

*Second.* Such application does not arrest the deleterious action of the poison, by withdrawing it from the exposed surface; on the contrary, the fatal effects are wholly prevented, though not a particle of the substance employed has been abstracted. In proof of this, if a poison, in powder, (strychnine or arsenic for instance,) be conveyed by a tube through a narrow wound, in an oblique direction under the integuments, to some distance from the opening by which it is introduced, and there deposited—and under these circumstances the glass be applied over this spot, where the skin is sound and unbroken, the wound being without the bounds of the glass, none of the poisonous substance will be removed, and yet no indication of its action will be presented during the time of the application of the glass.

*Third.* The constitutional symptoms, such as tetanic convulsions, &c. are arrested by the establishment of a vacuum on the poisoned surface; then by

removing the poison by an incision through the integuments, the life of the animal is preserved.

*Fourth.* When the cupping-glass is applied over the opening made in the integuments for the purpose of introducing the tube containing the poison, and this is deposited under the skin beyond the circumference of the glass, none of the effects are manifested during the continuance of the vacuum, but as soon as the cup is removed, the action of the deleterious article commences.

*Fifth.* If during the application of the cupping-glass, placed as just stated, an incision be made between its edge and the place at which the poison has been lodged, death will ensue as speedily as though the atmospheric pressure had not been removed.

*Sixth.* If after the application of a glass for a given time to the sound skin, over the spot where the poison has been deposited, the glass be removed, death will then ensue as soon as if no such application had been made.

This last position is entirely at variance with the observations of Dr. Barry. He expressly says, that 'after the glass had been taken off, the animal continued for one or two hours to carry imbedded in his cellular tissue a dose which would infallibly have destroyed him in a few minutes, had the cupping-glasses not been previously applied.'

I have repeatedly observed, however, that if the animal was abandoned to his fate after the glass had been removed, after an application of it for an hour or more, that death took place as soon afterwards as it ordinarily did when no vacuum had been formed."

*Pressure*, by means of weights, was found to exercise precisely the same effects as if a vacuum was formed by means of the cupping-glass. The following concluding observations of Dr. P. are valuable, and worthy of consideration.

"During the investigations herein detailed, my attention has been forcibly directed to the astonishing effects which are produced by the application of the cupping-glasses, in arresting tetanic symptoms:—even where decided opisthotonos has been exhibited, we have witnessed a subsidence of the symptoms, by means of pressure thus applied. I therefore venture to propose it, as one of the means of combating that terrific disease, traumatic tetanus. This variety of tetanus appears to be occasioned by the injury sustained by the sentient extremities of the nerves of the part wounded. It has occurred to me that if these wounded and irritated nervous extremities could be paralyzed, the general spasmodic action, which is produced by the local irritation, would be arrested. *Would not pressure by weights, or ligatures, or the application of exhausted cups over the wound, or in its immediate vicinity, paralyze the sentient extremities of the wounded nerves, and thus suspend, and perhaps remedy, the general spasmodic action?*"

The essay under review reflects the highest credit upon its author, and will add additional lustre to the reputation of the University of Pennsylvania. We do not hesitate to pronounce it one of the best inaugural dissertations ever presented to that distinguished school, and we hope and trust that the fame acquired by Dr. Pennock will prove a stimulus to other industrious students, and enable us more frequently to reap advantages from their labours, and to point them out when entering on their career of usefulness, as justly meriting the approbation of the profession.

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The remarks on the endemic diseases of Alabama, contain nothing particularly novel or interesting.

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2. Epilepsy.—Dr. Wright, of Baltimore, presents some interesting observations on this subject. The peculiar views he entertains respecting the causes of this disease, will be understood from the following.

"From the result of all the dissections I have hitherto prosecuted with a view to discover the cause or condition predisposing to epilepsy, or the kind of lesion by which that form of disease had involved a fatal issue, I am led to the inference that the sensorial irritations exciting epileptic phenomena, are more frequently dependant on organic degenerations of the brain or membranes, than is generally supposed or admitted. In every case examined, (but few in number, and those cases very strongly marked,) there existed morbid states of the encephalon, obviously fitted to illustrate the nature and history of the preceding disease."

Two of these cases are detailed minutely, and certainly tend in no small degree to give support to the opinions entertained by the author.

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Injury of the Head, with a loss of Brain.—Professor Sewall, of Washington, relates two cases of this kind. A man aged fifty years, in a rencontre, received a severe blow on the right side of the head with a sharp spade. On examination, there was found a deep wound which had divided the integuments, the temporal muscle, penetrating the cavity of the cranium, and extending horizontally from an inch above the external angular process, through the parietal bone, forming a fissure of three inches in length. The lower portion was considerably depressed, and the edges separated about half an inch. The dura mater was divided for an inch in extent, and the brain penetrated some way into its medullary portion.

Suitable dressings were applied; antiphlogistic measures resorted to; and in six weeks the wound healed, and the patient was quite well. During the process of suppuration, however, the brain protruded and sloughed away, and subsequently portions were removed by a spatula.

In the second case, a boy, aged five years, was kicked by a horse. A large fissure was found in the frontal and parietal bones, through which a portion of brain protruded, something larger than a walnut, and composed of cortical and medullary matter—this was so far separated from the parts beneath as to be removed without any violence.

Light dressings and antiphlogistic measures constituted the plan of treatment pursued. Extensive suppuration came on with a copious discharge of pus; the wound gradually healed, and in about five weeks the child was quite well.

Cases of this kind have recently multiplied considerably, and there can no longer be any doubt, that extensive injuries of the brain are not necessarily fatal.

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4. Epidemic of Charleston.—Dr. S. H. Dickson gives an account of the yellow fever as it appeared in Charleston, S. C. during the summer of 1827. Dr. D. states that the cases which occurred, divided themselves into two classes, inflammatory and congestive. He directs particular attention to the doctrines he has long advocated; that "yellow fever consists of but a *single* febrile paroxysm; this may, and does vary much in duration, (from twenty-four hours to seventy,) but whether long or short it is *single*—it is never repeated. To this point I have bent a most careful attention, and can affirm the rule to be distinct and regular. Even the apparent exceptions confirm its correctness. A patient has survived the first dreadful stage of excitement, and the no less terrible one of exhaustion succeeding it, which has been by so many so erroneously regarded as a remission—he occasionally exhibits after this in a greater or less degree certain febrile symptoms, but I contend, and it is easily shown, that this state or condition is the *consequence* of his previous circumstances, and by no means to be considered as a regular portion of the history of the disease, to which it stands in the same relation as diarrhœa to preceding measles, and dropsy to the obstinate intermittent which has occasioned it."

The ordinary period at which the black vomit made its appearance, was about the third day—about the middle of the second stage—occasionally,

however, it occurred earlier. The proportion of deaths during the epidemic was remarkably small, yet a few instances of extreme malignity were met with, where death occurred in a very few hours.

On the treatment, says Dr. D. "in looking back upon the practice of the past summer, I cannot but take occasion to declare my unshaken and increased confidence in the mercurial treatment of fever. I saw no patient die salivated. I saw no case which was not surely and at once alleviated as soon as ptyalism was brought on. That some patients died notwithstanding the free use of mercury is undeniable, but we do not claim for the remedy the attribute of omnipotence. That some suffer severely from it for a time is equally true, but this I cannot regard for a moment as an argument against it, if it can be established, as I think it can, that a greater number recover who are subjected to its influence than under other modes of management."

The following is his mode of employing calomel. "I prescribe not less than 1 sc. at a dose, to be repeated every two, three, or four hours. and very often give ½ dr. at the same intervals. My object is to exhibit the maximum quantity of the medicine—the largest amount capable of acting remedially. On this principle, I would not hesitate to administer an ounce at the dose if I thought that the stomach would bear it, and the system receive more readily its peculiar influences. I have long since ceased to entertain any fears of injurious consequences from the mercurial practice, at least in our climate."

In one case he gave to an adult patient in yellow fever *one thousand* and twenty grains of calomel during his illness; there was but slight salivation, and he recovered perfectly. Emetics are objected to—saline cathartics are absolutely necessary. No reliance is placed upon venesection—the cold bath or affusion will be found according to Dr. D. admirable substitutes for it—diaphoretics are not important—opium, after inflammatory excitement is over, is considered very valuable—external irritation is an important adjuvant, and Dr. D. agrees with Dr. Daniel, of Savannah, as to the unequivocal superiority of sinapisms over epispastics.

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5. Delivery of the placenta.—Dr. Jackson, of Northumberland, occupies upwards of thirty pages. We cannot follow him into details, and shall endeavour to sum up in as short a space as possible his views respecting the delivery of the placenta.

1. When the contraction of the womb is regular, and there is no hæmorrhage, but pains are wanting, the frictions, as recommended by Dr. Dewees, will almost universally succeed in exciting the necessary action.

2. When the pains prove very severe, and continue long without effect, as it will generally be owing to irregular contractions, or to a morbid adhesion of the placenta, "the hand is here to be introduced without delay, for the probability is, that it must be finally done, and the longer the operation is delayed the more painful and grievous it becomes." The following directions are useful.

"The hand of the operator, well lubricated with oil, or melted lard *that is not salted*, should be introduced very slowly, but with a steady progress and flatwise, that is, with the thumb towards the fourchette, and the little finger to the pubis. The other hand at the same time stretches the cord, for this is of more service in directing our progress, than we could à priori believe. We should always be careful to regard the axis of the passage, as well as the long and short diameters, and therefore, the hand must make an easy half turn when it is about to pass the superior strait. But it will very often happen, when the contraction of the uterus is regular, that the hand has not reached thus far, till a pressing pain comes on, and the whole business is safely accomplished; or at most, such a case will only require that the hand should reach the further extremity of the placenta, and very gently irritate with the knuckles the already excited organ. But before we begin this operation, an assistant may be taught to support firmly, not the mere abdomen, but the very uterus itself."

3. The hand must necessarily be used where hour-glass contraction exists.

4. In the states of the uterus alluded to, the use of ergot is condemned. "It might, indeed, be used in the regular contractions, *had we any means of ascertaining when this really obtains.*" The reasons, therefore, of its condemnation will be obvious, without alluding to the arguments employed by Dr. J.

5. When the case is attended with hæmorrhage, and the placenta retained, the usual remedies should not be neglected, "but the hand—the hand is the first thing." Dr. J. considers the tampon, the balls of hemp, and the practice of leaving the placenta for three or four hours in the vagina, as altogether "inadmissible in the practice of those who would prefer an open to a concealed hæmorrhage, or a firm contraction to these deceptious occlusions."

Dr. J.'s paper concludes with some observations on transfusion, a practice which is advocated by Dr. J.

6. Scrotal Tumour.—Dr. Wells, of Maracaybo, relates a case of extensive tumour of the scrotum which was successfully extirpated. "The tumour measured from the symphysis pubis to its base, twenty inches, and in circumference thirty-sx; its surface presented the same knotty, rough, and scaly appearance as is seen in the legs of those affected with elephantiasis; but near the upper part of the skin had a more natural character, and seemed to be merely extended by the weight of the portion below. The veins of the scrotum were varicose. The tumour did not appear to weigh so much as might have been supposed from its bulk and appearance, and in the anterior part near its base, a sensation of obscure fluctuation was perceptible. The prepuce was so involved and dragged down by the disease that the orifice from which the urine flowed was nearly in the middle of the tumour, and the penis entirely concealed; but by introducing the finger into the sheath formed by the elongated foreskin, the glans could be touched, and appeared to be healthy. The spermatic cords could be distinctly felt at the upper part of the tumour, of the natural size and feel. The glands in the groin were not enlarged, and all the adjacent parts were in a sound condition. The stream of urine was perfectly free."

An operation for its removal was performed—the penis and testicles were carefully dissected out and preserved. The tumour weighed upwards of fifteen pounds, and was semi-cartilaginous in structure.

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7. Extra-uterine Fœtation.—Dr. H. L. Heiskell, of Virginia, relates the case of a woman aged about seventy-five years, who had carried an extraordinary fœtus forty years.

On examination after death, a large bony tumour was found in the lower part of the epigastric region, which, when removed, weighed four pounds and six ounces —the envelope formed a perfect bony hermetically sealed sac. On removing the sac, "a fœtus, perfect in its form and configuration, was presented, having apparently gone the full period of utero-gestation. Its position in the sac exactly resembled that of a fœtus in utero—having the chin resting upon the chest in such a manner that the face looked towards the left side; the trunk was incurvated, the legs bent upon the thighs, the thighs upon the pelvis and abdomen, the feet crossed, and the arms folded between the head and knees." The weight of the fœtus was three pounds and three-quarters, and it measured eleven and one-half inches in length. "So faultless was every limb and feature, that no one of them presented an exception worthy of special remark." The brain was a soft pulpy mass of an ash-colour; the viscera of the thorax and abdomen were as perfect as those of a still-born child. "Nothing of decay or putrefaction could be discovered in any portion of them;" the tongue was firm, and ash-coloured; the nails of the toes and fingers were perfect. No trace of cord or placenta was seen.

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One of the collaborators gives a description of a forceps invented by Dr. Physick, for facilitating the removal of the tonsils, by means of the instrument he has recently *invented* for that purpose. (See our last No. p. 398). The forceps is seven inches long, curved near its extremity; is lunated and armed with teeth—by means of it the tonsil may be seized, and drawn through the aperture so that we can regulate the extent of our incision. The case of sudden death presents nothing peculiarly novel.

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8. Emetics in Hæmorrhage.—Thoughts on the use of emetics, in the suppression and cure of hæmorrhage, by Professor Chapman, are highly interesting and valuable. We cannot better do justice to this paper, and at the same time give our readers a correct idea of the pathology and practice of Professor C. than by selecting the following cases which are contained in this paper.

"Two years ago, I was consulted by a lady, past the meridian of life, who informed me, that from the cessation of her menses, which had happened some six months previously, she had been much afflicted by head-ache, burning sensations in the stomach, præcordial uneasiness, tension and tumidity of the epigastrium, nausea, and periodical vomitings of small portions of blood.

"Her appearance at this time was altogether cachetic, and on the investigation of the case, I was confirmed in the suspicion which I at once adopted, that if not arrested, it must inevitably lead to a serious attack of hæmatemesis. But she was prepared to take a short journey, and confiding more in exercise and fresh air than in my prescriptions, it was agreed that they should be postponed till her return to the city. In about ten days afterwards my prediction was verified, for in the act of getting out of a carriage, she was seized with a copious vomiting of blood, repeated at short intervals, till the whole amounted to several pints. Her pulse being active, the skin tolerably warm, and some sensibility of the epigastrium existing, the treatment was commenced by leeches, followed by cold applications over the stomach, and small portions of acidulated drinks. No advantage, however, resulted from these measures, and debility becoming alarming, she at length consented to take an emetic, which evacuated some considerable masses of blood, and for several hours she was greatly relieved. But the bleeding again recurred, and I had to repeat the emetic, which proved very effectual. Convalescence henceforward took place, and by a properly regulated regimen chiefly, her health was pretty well re-established."

A lady in the prime of life, from a distant part of the country, consulted Dr. C. "Her appearance was sickly, and she told me that from her marriage, a year and a half before, she had been subject to hæmorrhage, at first inconsiderable and monthly, progressively however increasing in quantity, and renewed at shorter intervals, till it had become so copious, on some occasions, as to endanger her existence. This distressing situation was greatly aggravated by her sterility.

"As the ordinary routine of remedies had been ineffectually exhausted, I suggested a trial of a course of treatment, in conformity to the views I have just presented. With this advice she returned home, promising strictly to adhere to it. Two months ago I received a letter from her, in which she informs me, that on her journey she had a comparatively slight hæmorrhage, though, under an apprehension of its increasing, recourse was had to an emetic, which promptly suppressed it: that by this favourable result, fresh confidence was inspired in the proposed practice, and she had accordingly taken six emetics at the interval of eight days each, when regular menstruation returning, all solicitude ceased, and more especially as her general health had sensibly improved."

"In consultation with my friend Dr. Dewees, I was requested in the winter of 1824, to visit a young man, apparently in other respects in good health, with bleeding from the gums to be traced to no assignable cause, which had continued for three days, averaging each day about three pints. On inspection, neither sponginess, nor other affection of the gums, seemed to exist. The teeth were

also sound. But on wiping the gums with a cloth, the blood was perceived oozing, as it were, from innumerable pores, so that in a few minutes the mouth would fill with blood. Every plausible means of relief, general and topical, having been antecedently directed without success, an emetic was administered, and on its operation the hæmorrhage ceased. Subsequently it partially returned, and by a repetition of this remedy, it was again suppressed, and we had no further trouble with the case."

9. Axillary Aneurism.—This is a highly interesting and instructive case. The patient, a stout muscular athletic man, about six feet high, applied to Professor Gibson on account of a luxation of the left os humeri at the shoulder joint, of nine weeks standing. He was admitted into the Alms-house Infirmary on the 6th of March—the antiphlogistic system was pursued until the 15th, when attempts at reduction were made, in the presence of the surgeons and students of the house, which was not accomplished until after the lapse of an hour and three-quarters from the commencement of the operation.

On the 16th, there was a general swelling over the deltoid and pectoral muscles, with a distinct pulsation of an aneurismal character. On the morning of the 17th, it had increased considerably, and in consultation "it was decided that the subclavian artery should be tied without delay." This was accordingly done by Professor Gibson. A note is here appended descriptive of an instrument invented at his suggestion, for passing a ligature around deep seated arteries, which we can bear testimony as being probably the best that has yet been devised for that purpose. "It consists of a silver canula, fixed on a wooden handle, surrounded (near the part where the canula joins the handle) with a collar, through which a steel stilet, made of a narrow watch-spring, the length of the instrument, passes, and immediately afterwards enters an opening just below the collar, in order to traverse the whole cavity of the canula and emerge at its point. This extremity of the stilet is covered with a flattened silver cap moderately blunt, whilst its other or *upper* extremity, passing upwards, from the collar above mentioned, lays parallel with the handle, and has an eye near its end for holding a ligature. A small screw, for the purpose of fixing the stilet while the surgeon is in the act of passing the instrument beneath the artery, works through the silver collar, and may be used or not, as the surgeon pleases."

Our readers will hardly consider it necessary for us to enter into the minute details of the progress of the case, which are carefully recorded. We shall briefly state, therefore, that the patient died at four o'clock, P. M. on the 25th, the tenth day after the ligature of the subclavian.

The account of this case concludes with the dissection, which was conducted by Dr. Ashmead, (the parts having been previously injected,) and the report drawn up by Dr. Hall, in the presence of a large number of physicians and students. It is so highly interesting, and important for a full understanding of the case, that we conceive it matter of justice to Dr. Gibson, and requiring no apology to give it entire.

*Philadelphia Alms-House, March 24th*, 1828.

"*Dissection of John Langton, sixteen hours after death.*—The left hand and fore-arm exhibited marks of incipient gangrene, extending only to the skin and subjacent cellular membrane, and terminated by a well defined line at the elbow. The wound made by the operation was filled with an offensive sanies, and exhibited no tendency to healthy granulations.

"We threw in the cold lead injection, by fixing a pipe in the mouth of the left subclavian, through the aorta: the shoulder and neck were minutely injected, but as the radial artery was not filled, the pipe was introduced into it, and the lead driven upwards until a portion of the first injection was made to recede through the divided thoracic vessels.

"The arm, scapula, and clavicle, with a portion of the ribs, were separated from the body, and carefully dissected by Dr. Ashmead and myself, in the presence of the surgeons and house students. All the parts about the axilla were so blended by adhesions as to render their discrimination very difficult. The muscles were unaltered, except from extravasation and effusion to be hereafter described. The subclavian artery was healthy, the vertebral of its usual calibre, the internal mammary large; the inferior thyroideal, the posterior cervical, and the superior scapular, arose by a common trunk from the subclavian, together with an anomalous artery, about the size of a crow-quill, which descended between the subclavian and carotid, along the trachea; its destination was not pursued. The posterior cervical was of the size of a large quill, having its branch to the base of the scapula much enlarged. The superior scapular artery ran along the upper edge of the subclavius muscle, and had escaped the operator's knife, though it had been made visible by the incisions. It inosculated beneath the neck of the scapula with the inferior dorsalis scapulæ, which was of the size of a crow-quill. From the unfavourable state of the part for dissection, we could not demonstrate the channels through which the blood to the arm passed; but that these existed, and would, under auspicious circumstances, have become adequate to the circulation, the course of the injection and other circumstances fully prove.

"As the injection from above had penetrated to the ligature, it is presumed that no coagulum had as yet formed. The ligature embraced the artery just where it emerges from beneath the scalenus anticus, and included no other part. The artery was uninjured in all the space between the ligature and the point where it became adherent to the head of the bone, at the internal margin of the lesser tubercle. It was firmly attached to the substance of the bone and the articular capsule by dense cellular or ligamentous substance, *and such was the compactness of this juncture, and so short the portion of artery between this point and that of its attachment to the rib, that it seemed absolutely impossible to reduce the bone to its place and not cause the rupture of the vessel.* This effect was here exhibited. Where the artery adhered to the bone, its internal coats had been ruptured, with the exception of a very narrow band, immediately opposite to its point of attachment. The extremities of the artery had separated, as far as the band above alluded to would allow, (which was about half an inch,) and the artery, by tending to straighten itself, was only retained to the bone by the intervening portion of its external coat. The dilation of the external coat had formed a sac, which was expanded by being stretched between the points of its attachment to the bone and the ruptured extremity of the artery. This true aneurismal sac extended beneath the artery towards the ligature, and beneath the pectoralis minor muscle, but was ruptured in its posterior portion, very near its adhesion to the bone, so as to have allowed the blood to escape and form a diffused aneurism. The blood had penetrated beneath the pectoralis major and minor muscles, and along the edge of the latissimus dorsi as far as the seventh rib. It had extended beneath the humerus to the space between the long head of the triceps and the teres minor, and had filled the axillary cavity, but had been prevented from extending downwards, by the general agglutination of the parts, caused by the dislocation. Along the internal margin of the coraco brachialis and the deltoid, there was much extravasation, but we rather think it was caused by the means used to reduce the bone.

"The walls of the true aneurismal sac were of so compact a texture, and its boundaries so well defined, that the conjecture of its having existed previously to the reduction of the bone, and that its rupture was a distant and subsequent event, is rendered probable.

"Upon exposing the articular cavity, the head of the bone was found to rest beneath its original socket upon a bed of dense ligamentous substance. The capsule was much thickened, and had a rupture in its inferior anterior portion, through which the blood and injecting matter had entered.

"About one-third of the lower portion of the glenoid cavity had been broken off, and remained attached to the superior part of the neck of the bone, by an adventitious adhesion.

"The greater tubercle of the humerus was cracked through its base, with the exception of the portion beneath its anterior facet. From the thickening of the periosteum, and the deposit of osseous matter, we do not think that this fracture was recent. The extremity of the acromion process was found fractured, but was still firmly embraced by the surrounding muscular and fibrous structure.

"It is proper to mention that the left ventricle of the heart was enlarged, and its muscular substance unusually soft. The right ventricle and auricles did not exhibit these phenomena. Upon opening that part of the subclavian embraced by the ligature, the internal coats of the vessel were found completely divided, but no traces of a coagulum could be observed above the ligature, nor was there any vestige of coagulable lymph, or any approach to adhesion—though the ligature held its place with great tenacity, and the parts embraced by it seemed healthy.

"No other part was examined.

"JAMES C. HALL, M. D."

Some remarks, growing out of the unfortunate results of this, which is the second case of the kind that has occurred to Professor G., and the only two cases that have been *reported* in this country, follow. Allusion is first made to those who have advised, and successfully executed the reduction of old luxations of the humerus—there can be no doubt of the fact that the practice is warranted by experience, and for ourselves, we should not hesitate a moment to undertake it, if a *fair case* were presented to our notice. The cases of Foubert (as well as several others) which were alluded to in our last number, page 451, are next adduced, to show that the same results have followed similar attempts by other surgeons, and from these Dr. G. has drawn some valuable practical inferences, to which we shall call attention at the conclusion of this article.

"It is not my intention," says Dr. G. "to comment, except in a very brief way, upon the case of *Langton*. The particulars of it having been fairly and honestly stated, the profession will be able to draw its own conclusions. I may remark, however, that between the first accident of the kind I have detailed, and the second, (a period of five years,) I have reduced five luxations, each from two to four months' standing—one in a patient of Dr. D. T. Coxe, upwards of sixty years' old—another of Dr. Manuel E. Robinson, about the same age, and three more in my own practice, besides several similar accidents of a recent kind—all of which terminated in the happiest manner.

"From these, and from many other cases of a similar character which I have treated within the last eighteen years, I think I have good reason to conclude that, where no adhesion exists between the artery and surrounding parts, the operation may be done with safety; that on the contrary, when adhesion does exist, (and of this we have no means to judge,) rupture of the vessel must be an inevitable consequence, whether the reduction be effected by force, or by the most gentle means. To show, however, that neither my colleagues nor myself made use of unwarrantable force in the case of Langdon, I shall present the following documents, obligingly furnished by some of the gentlemen present at the reduction."

Here then follow the accounts alluded to, and if we were disposed to *quarrel* with Dr. Gibson, this would prove sufficient cause. These documents tend certainly to support and to strengthen the statements of Dr. G.—but they were not needed, his word we consider all-sufficient. The fact that the case occurred in a public institution, is sufficient that the plan he pursued received the sanction of his colleagues; to say the truth, the "documents" were unnecessary, for no man would have presumed, under such circumstances, to doubt the accu-

racy of his statements. We know every gentleman personally whose names are appended to these documents, and if either one of them was to present us with a statement upon his own individual responsibility, we should not hesitate to pledge ourselves for its correctness.

There have, however, crept in amongst us, men who are totally destitute of those honourable principles which should regulate the members of a liberal profession; men who do not scruple to publish the most barefaced falsehoods, in the hopes of deriving personal benefit, if their statements are credited; men whose professional baseness is now become proverbial, and whose statements of "wonderful operations" are read but to be compared with the wonderful adventures of a Baron Maunchausen. These creatures, then—these "enterprising young surgeons"—soon find their own level, and their unblushing effrontery should not induce the respected and the distinguished of the profession to consider it necessary to substantiate their statements by proof, when their correctness could never be doubted.

The concluding observations of Dr. G. respecting the reduction of old luxations, are practically valuable, and we shall conclude by submitting them to our readers.

"If the patient is young, not very muscular, the luxation not complicated with fracture—if no attempts have previously been made to accomplish the reduction, and the head of the bone has not been out of its natural situation beyond five or six weeks, I should advise the attempt to *replace* it. But, on the contrary, if the patient is very robust and vigorous, advanced in years, accustomed to labour and to the free use of ardent spirits, and the head of the bone has been long out, I should discountenance any attempt at reduction."

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ART. IV.—*The Transylvania Journal of Medicine and the Associate Sciences. Vol. I. No. 1. February*, 1828.

WE have received the first number of this journal in exchange, and in pursuance of our method shall lay all the interesting matter it contains before our readers.

From the talent enlisted in support of this journal, we are prepared to expect much from the present as well as future numbers. One of its editors, Dr. John Esten Cooke, M. D. was a highly esteemed contributor to our journal, and one of his essays obtained our prize. He has since been appointed Professor of the Theory and Practice of Medicine in Transylvania University. Of Dr. Charles W. Short, his colleague, we have no personal knowledge, but presume, from the stations he holds, that his qualifications are ample. He is professor of Materia Medica and Medical Botany, in the same institution.

The contributions to the present number are principally from the professors of the university, and are, some of them, of a highly interesting character. After what we have said, it will not be supposed that we are actuated by unfriendly feelings, when we state that we are opposed to the principle of medical journals being placed under the patronage of universities and colleges, inasmuch as the dogmas and interests of particular sects and schools will be promulgated and considered, and the door will be effectually closed against free discussion and impartial criticism.

The pure light of truth too often receives a prismatic colouring when transmitted through these mediæ, and is made to deviate from its course to suit the views and interests of particular institutions.

Before we enter on the subject matter, we beg leave to make a few observations on the preface. We cannot but animadvert on some of the concluding passages, which have a tendency to awaken and enlist sectional feeling, which we think is ever to be deprecated as having a tendency to retard the progress of improvement. An attempt is made to institute a comparison between the phy-

sicians and diseases of the "*south and west*" and those of the "*north and east.*" We consider the following passage as doing very littte credit to either the head or heart of the author, and savouring strongly of arrogance. "The physicians of the south and west we would particularly remind, that the peculiarities of our autumnal diseases call for a treatment somewhat peculiar; that we have by necessity been compelled to adopt a more energetic practice than is required by the diseases of the north and east; that those who are at the head of the practice in the great cities on the Atlantic coast, accustomed to the almost ephemeral fevers which appear on the clean surfaces of their swept pavements, and to the minute doses required to cure them, listen with an air of incredulity to accounts of the formidable fevers of the south and west, and of the active measures necessary in the treatment of them; consequently, their experience, and the rules of practice founded on it, should not bind us, who have more malignant diseases to contend with. The history of medicine shows that it is amid the terrible fevers of the south (and west?) that experience is to be acquired, and that it is to those who are there employed that the physicians of the north are indebted for the knowledge of the successful mode of treating those high grades of fever when they occasionally make their appearance among them." Such rhodomontade as this is scarcely worthy of a serious reply; but we would ask if the *yellow fever*, which has not unfrequently devastated the Atlantic cities, is to be considered an *ephemeral* disease? and whether the *typhus syncopalis*, a disease which desolated the New England states, and the pneumonia typhoides, which, beginning in the north and east, extended its ravages over great part of the Atlantic states, are not to be considered as having *some* claims to the character of "*malignant fevers?*"

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1. Injuries of the head.—Some highly interesting cases where the trephine was used many years after the injury was received, and with the effect of entirely removing epilepsy, &c. &c. which resulted from them, are related by Dr. Benjamin W. Dudley, Professor of Anatomy and Surgery in Transylvania University, &c. We shall pass over his preliminary observations, and proceed at once to the cases.

Case 1.—"In the month of September, 1818, Mr. K. a carpenter of this town, called to consult me on account of a severe pain in the superior and posterior part of the cranium, which had afflicted him for nine months. A succession of tumours had at various periods appeared about the seat of pain. Upon an examination, in place of tumours, two very sensible depressions were discovered on the surface of the skull, attended by extraordinary sensibility in the integuments of the parts. About Christmas all the symptoms became aggravated, and severe epileptic convulsions ensued. His convulsions were so frequent and violent in the latter part of winter, that it was apprehended he would speedily fall a victim to his disease. During the progress of his case he had used large quantities of mercury, both in the form of unguent and of pills, and he was induced to believe that the mercurial unguent had an especial influence in aggravating his convulsions.

"In the early part of the winter I urged the propriety of trephining the cranium, under an impression that a morbid growth on the inner surface of the skull was now aggravating, even if it had not caused his malady. In April he determined, as previously advised, to submit to an operation. During the months of February, March, and the beginning of April, he was constantly confined with a severe affection of his head, attended by violent epileptic fits every five or six days.

"The trephine was used on the 16th day of April, two circular pieces of bone being removed, corresponding with and including those portions which, by previous examination, seemed to be depressed. The pericranium was remarkably thickened and morbidly sensitive. The bone was porous, and admitted of

large processes of this membrane, and of blood-vessels, to pass directly to the dura mater.

"The bone removed by means of the trephine was immediately in the direction of the longitudinal sinus, while there was great difficulty in breaking up the connexions between it and the dura mater.

"After the operation was completed I was astonished, on turning my attention to the dura mater, to discover a copious secretion of fluid, which separated that membrane from the surface of the brain more than half an inch; while that organ, in place of giving to the finger a sense of pulsation, felt as hard and as unyielding as a board. The patient being dressed in the usual way, was put to bed and kept quiet until the fifth day, when from the establishment of free suppuration the bandages were removed. It was now ascertained, on examination, that the fluid beneath the dura mater was absorbed. The brain had regained its proper level, and pulsated with unusual vigour: no convulsion had occurred since the operation. The dressings being renewed, he was ordered a mercurial course of treatment, with a view to correct the secretions, and to promote the healthy action of the absorbents. At the expiration of three months he was perfectly restored to health, having experienced only two slight attacks of epilepsy during his recovery, while his head, which had for many months given him excessive pain, caused but little inconvenience after the operation.

"From an occasional intercourse with this patient for many months after all professional attendance and advice were suspended, I am prepared to pronounce on the cure as radical."

Case 2.—"In the spring of 1825, W. T. a young gentleman, twenty-one years of age, in company with his mother, came to this place from South Carolina; and from the mother was received the following history of her son's case:

"When five years of age, he received a blow accidentally on the superior and middle portion of the left parietal bone. Being at school, he was able to go home on foot without giving any particular manifestations calculated to excite alarm. On the ninth day he became suddenly apoplectic, and paralysis of one side ensued.

"The paralytic affection gradually disappeared, so as to leave him in the enjoyment of his faculties, as well corporeal as intellectual, at the expiration of two months; but from that period he became the subject of severe pain in his head, and especially about the seat of the injury he had previously sustained. From this time his constitution became exceedingly delicate and excitable, with disinclination for exercise, and liability to faintness after the slightest exertions: finally, about his fourteenth year, nine years after the reception of the injury, he became the subject of epileptic convulsions. These had ever since continued to recur at irregular intervals of two, three, or four weeks, varying with the occasional causes which for a time invited or retarded their appearance.

"He had been but a short time the subject of epilepsy, until a most manifest improvement in his constitution took place.

"His personal appearance and constitutional vigour being much changed for the better, his former excitable habit, with his liability to faint after every slight exertion, now left him. But these flattering symptoms were soon followed by a perceptible injury of his intellect, insomuch that it became useless to confine him longer to his studies in school.

"The physicians in his vicinity who were consulted, differed in opinion concerning the cause and seat of his malady, as did most of those in the southern states, to whom application was made for professional assistance. The father of the young man had by letter consulted professors Physick and Chapman, who discouraged any effort of relief by an operation, because of the protracted character of the case, while a rigid regard to abstemious living was advised as necessary to render the convulsions more mild in character.

"After receiving this history of the situation of the patient from the mother, upon turning to himself with a view to additional information, I observed a stammer in every attempt at enunciation; while his memory had become so

entirely treacherous, that he could no longer recite, with any degree of accuracy, an event which had transpired within two days, his recollection being good, however, in relation to circumstances of his childhood. For most particulars in relation to his daily history, even in reference to the operation of a dose of medicine, it was necessary to consult his mother.

"A cicatrix on the side of the scalp pointed out the seat of the original injury. Under all these discouraging circumstances, after a few days preparation, the operation was resorted to on the 10th of May, 1825, to relieve him of an injury, the consequences of which had been accumulating upon him for sixteen years. A small depression of bone appearing manifest, corresponding with the original site of the injury, indicated the point upon which to apply the trephine. The crown of the instrument was made to embrace the depressed bone, which, when removed, presented a process projecting from its inner surface about one inch in length, of the size of a small quill at its base, the extremity tipped with soft cartilage. This spiculum of bone had penetrated the dura mater, and communicated with a large preternatural sinus, from whence issued a stream of blood as thick as a man's little finger, which continued to flow from the instant the bone was removed, until, from the quantity lost, it was judged proper to check it by means of pressure.

"The dura mater was diseased, presenting a dark blue appearance over a space nearly as large as the opening in the cranium made by the trephine; while the sinus beneath appeared to be, from an examination made by the little finger, more than an inch in depth, and of equal width.

"The disposition to hæmorrhage was checked in a few minutes by means of pressure with the thumb, and being now satisfied that the trephine was not further necessary, it was proposed to cleanse and dress the wound. Before the dressings were applied, an alarming convulsion came on, during the continuance of which a stream of blood issued through the opening in the dura mater, that projected three or four feet. A second and third convulsion ensued, with like discharges of blood from the opening of the dura mater, before the patient could be placed in bed. For six or eight hours after the operation, he remained in an insensible state, and then his natural feelings and reason returned.

"It was now supposed, whatever might be the termination of the case, the cause originally productive of the disease was removed. From bloody water, the discharge from the wound changed in the course of twelve hours to a colourless serum, and for three days and nights in succession, it was so copious as to make it necessary to change towels, pillows, bolsters and sheets, two or three times during the day. Those young gentlemen who assisted in dressing and attending to the case, insisted that the entire amount of serum discharged, could not be less than two gallons. On the morning of the fourth day, the dressings were dry, and in some few hours after, suppuration became manifest, the wound was now dressed with adhesive plaster, which was renewed daily for about thirty days, when it was healed.

"The patient had no convulsion after the day on which the operation was performed; a manifest improvement in his memory became perceptible in a few days to all around him. His stammer, which appeared to proceed from an indistinct recollection of things, very suddenly vanished; his eye, which had been half closed, heavy, and inanimate, was now sprightly and intelligent. In ten days he left his room, and at the end of six weeks, he returned home in the enjoyment of perfect health; travelling a distance of five hundred miles in the month of July, in ten or twelve days.

"A few months after this young gentleman returned home, I was informed that by excess in eating and drinking, together with severe exercise in dancing, a slight epileptic attack was produced.

"He is, however, as I have been very lately informed, through a letter received from an individual affected as he formerly was, now in the enjoyment of uninterrupted health.

(*To be continued.*)

# ANALECTA.

1. Case of double uterus, with double impregnation.—An extraordinary case of this description has been related by Dr. Geiss, a physician of Traffurth near Erfurt. The woman had been in labour for two days, when he was requested to attend her. He found her a stout, healthy female, of middle stature. The labour-pains were confined to the right side. On the right side, the womb reached as high as the thorax; on the left it did not extend above the navel, and inclined forwards and laterally. The external parts and os uteri were properly constructed, and the shoulder of the child could be felt behind the membranes. The operation of turning was performed, and a healthy female infant delivered, upon which the right side of the abdomen sunk in while the left continued prominent. In an hour the labour-pains recurred, and on examining the state of the parts, Dr. Geiss found, that after passing the os uteri, the finger came in contact with a membrane distended by fluid, and protruding through an annular opening towards the left side, while the navel-string of the child already delivered, extended upwards into a cavity like the uterus in ordinary circumstances. On farther examination, he found the belly of a second child presenting at the accessory orifice, and therefore performed the operation of turning, and brought into the world a stout still-born male child, which was soon resuscitated. As no placenta followed for some time, he proceeded to assist the separation of them, and had then an opportunity of completely satisfying himself that his patient had a double uterus. The right placenta came away first, and the right womb contracted vigorously; the left placenta followed, but the uterus of that side contracted slowly, and the woman therefore lost a good deal of blood. Two months afterwards the mother and both children were in good health. Two years before, she had brought forth a single child, and the labour was tedious, and required manual aid to accomplish.—*Rust's Magazine, Vol. xx.* 568.

2. Treatment of Poisoned Wounds.—M. Antoine Vernière has very recently announced to the Academy of Sciences a new method of treating poisoned wounds, which is, to say the least of it, ingenious and philosophically deduced from the late discoveries in the physiology of absorption, and which, if it stands the test of future experiment, will render the treatment of external poisoning exceedingly simple. The reader who is acquainted with the progressive researches of M. Magendie on venous absorption, will remember that physiologist discovered that absorption is impeded, or even entirely prevented, by producing an artificial state of venous plethora, by injecting tepid water into the veins. M. Vernière's method of cure consists in taking advantage of this discovery, establishing a general venous plethora, and then removing the plethora as nearly as possible from that part only where the poison has been introduced by opening a vein proceeding from the part. Thus, three grains of the alcoholic extract of nux vomica were thrust into the paw of a dog, and a tight ligature was without delay tied round the limb. Warm water was then very slowly injected into the jugular vein, to as great an extent as the animal could safely bear, and

the ligature was removed. Half-an-hour was then allowed to elapse, which, in ordinary circumstances, would have been much more than sufficient to enable the poison to act. The ligature was next replaced, but so as to obstruct the venous circulation only, just as in performing the operation of venesection; the principal vein of the limb was then opened immediately under the ligature, and the blood which flowed out was collected. The blood was then carefully washed away, a little more was allowed to issue, and the ligature was finally removed. None of the symptoms of poisoning with nux vomica ensued, and the slight signs of venous plethora which remained were removed by a bleeding from the jugular vein. The blood which had been withdrawn from the vein of the fore-leg, when cautiously injected into the vein of another dog, caused violent tetanus and almost instant death. The explanation given by M. Vernière of the mode in which this operation effects the removal of the poison is the following:—"The only blood which can become impregnated with the poison is that which flows through the open vein; for it is only that vein and its branches which are relieved from the artificial plethora, and so rendered capable of carrying on the function of absorption. On the other hand, by means of the ligature, the current of the blood taking place from the artery only towards the opening in the vein, the poison introduced into the vessels is forced to follow the course of the blood, and is consequently thrown out of the system with it. "*Absorption, so deadly in all other circumstances, is thus converted into the means of safety. It searches for the poison in the depths of the tissues, and transports it into the veins, to be thence expelled from the body.*" The general venous plethora is in another respect advantageous: It enables us to transmit, without fear of syncope, a considerable quantity of blood through the poisoned tissue, so as to clear it of the remains of the poison by means, as it were, of an internal washing."—*Journal des Progres des Sciences*, T. iii. 1827.

3. Case of Death caused by the external application of Opium.—The application of opium in considerable quantity to the skin when deprived of its cuticle is a practice by no means free from danger; and when it is resorted to for allaying irritation, it is necessary to watch the patient carefully. We are acquainted with an instance in which deep coma was induced by the application of an opium poultice to the scrotum previously deprived of the cuticle by a blister, and which would in all likelihood have proved fatal, had not one of the patient's friends called accidentally to see him, and discovered the cause of his state of sopor. The following is an example of death originating in the same source, although the skin was not deprived of its cuticle. A soldier, thirty-two years of age, was attacked with phlegmonous erysipelas of the fore and outer part of the right leg, on account of which a linseed poultice, moistened with *fifteen drops* of laudanum, was ordered to be applied to the limb. Next morning he was found in a state of deep sopor, with the face pale, the eyelids tremulous and half open, the pupils contracted, the lips distorted, the muscles of the face affected with spasm, and those of the limbs with convulsions. The surgeon having remarked a strong odour of opium, as well as a yellow colouration of the bandage which enveloped the limb, he had it removed, and found not only the bandage, but all the compresses soaked with laudanum, which was flowing copiously from the poultice. The attendant whose duty it was to make up the poultice had left it in charge to an hospital servant, without telling him what quantity of laudanum was to be used; and the latter had ignorantly used towards an ounce. Antispasmodics, emetics, and sinapisms, were resorted to, but in vain. The convulsions increased, the pulse became more and more feeble, and the patient died. On inspection some red points were seen on the arachnoid, a strong opiate odour was exhaled from all parts, and the heart, stomach, and brain, were in a healthy state. In the blood-vessels no trace could be found of the poison which had been absorbed.—*Journal de Chimie Medicale, Avril*, 1827.

4. Sounding the Internal Ear in Deafness.—New improvements and discoveries in practical surgery are almost daily occurring. Civiale's lithontritia, Dupuytren's vital dilatation of stricture of the urethra, Deguise and Beclard's operation for wounds of the duct of the parotid gland, the restoration of the superpubian, or high operation of lithotomy, Higginbotham's application of nitrate of silver externally in several kinds of inflammation, besides many other processes which it would be too tedious to attempt in this place to enumerate, but which must have been noticed by all the diligent readers of the Recorder, are more than sufficient to demonstrate the flourishing state of this important branch of the healing art.

Where deafness is owing to obstruction of the Eustachian duct, and disease of the internal organs of hearing, M. Debau the younger has succeeded in removing it by inserting a tube, which he calls a sound, into the duct, and through it introducing air in order to distend it, and to expel mucus or other matter. Two cases are related, in which he perfectly succeeded in the operation, and the restoration of the hearing was complete. One of them was *an obstruction of the internal orifice of the Eustachian duct, the sequel of a chronic inflammation, which had frequently reached to the cavity of the tympanum;* the second was *a chronic inflammation of the Eustachian duct, with contraction.* In the first case, the restoration of hearing was instantaneous, as soon as air enough had been introduced to distend the cavity. In the second patient, several trials were necessary, as it was some time before the end of the instrument, by proper and moderate force, could penetrate into the cavity of the tympanum.

It is obvious, that the most minute anatomical knowledge, and a happy manual dexterity, ought to be possessed by the surgeon who would expect to succeed in introducing the instrument. The operation is asserted to be neither disagreeable nor painful, in any peculiar degree, to the patient.—*Gazette de Santé, Dec. 5, 1827.*

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5. On a Peculiar Species of Traumatic Delirium.—The author justly observes, that it is not merely sufficient to prepare a patient for a surgical operation, and to perform that operation adroitly;—the more difficult part remains—the subsequent treatment. The moral and physical shock of an operation predisposes a person peculiarly to those accidents which naturally arise from the wound, and the judgment of the practitioner, on these occasions, is often of more importance to the patient than his manual dexterity while the knife was in his hand. There are still some disciples of Frêre Jacques in the surgical world. "I have cut you for the stone—may God cure you." If trifling injuries and operations are sometimes followed by the most serious constitutional disturbance, how careful should we be, after great operations, to guard the patient against every source of supervening disease! Sometimes we see deep-seated inflammation arise in an organ or part to which the knife has been applied, and the sympathetic fever kindled up destroys the patient, when success seemed certain. At other times, a rigor announces the formation of matter in some vital organ, when the preceding fever was so masked, or so trifling, as to throw the surgeon off his guard. In other patients, the nervous system becomes highly irritable after an operation, and spasms or tetanus itself ensue. In some, a species of delirium succeeds the operation, which is of singular frequency, and by no means devoid of danger. Obscure in its causes, variable in its march, but alarming in its symptoms, traumatic delirium is rarely fatal, if treated judiciously and energetically. The following cases are selected from a great number of others, that occurred in the wards of M. Dupuytren. The reflections that are appended belong also to the same illustrious surgeon.

*Case* I.—A young man from the country was operated on by M. Dupuytren, in the month of June, for sarcocele of large size. He was much afraid

of hæmorrhage, and kept himself in a fidgetty state all the day after the operation. On the third day he was still more anxious, and he was irritated by every motion, gesture, or word of the neighbouring patients. Soon afterwards, he complained of pain in his limbs and in his chest. His eyes became animated, his breathing hurried, he demanded food, and insisted on getting out of bed. In short, he was evidently delirious. His cries, the sparkling of his eyes, the immobility of the pupils, the perspiration on his face, the calm and regular pulse in the midst of this commotion, convinced M. Dupuytren that the patient was affected with nervous delirium (delire nerveux.) Nevertheless he examined the chest, of which he so much complained, and found no disease there. A few drops of laudanum were immediately thrown up the rectum, and the patient was secluded from all visitors, so as to be kept quiet. In half an hour the patient fell into a profound sleep, from which he did not awake till the succeeding day, when he was completely tranquil. No accident afterwards occurred.

*Case* 2.—An old man was operated on for hernia by M. Dupuytren, and was put to bed in the most promising state. In a few hours afterwards it was discovered that he had torn open the wound in a fit of delirium, and actually lacerated some portion of intestine, which he had strained down! He died in terrible torments, from the supervening peritonitis.

*Case* 3.—A stone-mason fell from a stage, and luxated the left femur. He was taken to the Hôtel Dieu, and M. Dupuytren reduced the bone. The next evening the patient was found in a state of alarming agitation; his eyes glistening, injected, and red; face flushed, and covered with perspiration. He vociferated aloud, tried to tear off the bandages, and endeavoured to escape, as he said, from the hands of justice. In the midst of this disorder of the senses, the pulse was regular, full, and of natural frequency; the skin cool. The sister of the ward, accustomed to these accidents, immediately administered laudanum in injection, and tranquillity was quickly restored, without any return of the nervous delirium.

Seven cases are detailed; but, as they all agree in the symptoms and treatment, we need not pursue the relation. A long train of reflections, avowedly those of M. Dupuytren, are appended. It is remarked, that no surgical writer has taken notice of this traumatic delirium, although it is by no means uncommon. But one case could be found in books. It was recorded by M. Bouillon. The patient had been operated on for popliteal aneurism, and on the fifth day was seized with furious delirium, sine febre, which lasted five hours, and was removed by a laudanum injection. The ligature, however, was prematurely thrown off, and the patient died of hæmorrhage. Many surgeons, indeed, have related cases, where patients have torn open their wounds after operations, and thus destroyed themselves, but none have investigated the cause of this strange proceeding. Most surgeons too have considered the phenomenon as inflammatory, and consequently have resorted to wrong measures. M. Dupuytren thinks, that if left to itself, it would only produce a temporary exhaustion; but in the mean time, irreparable injury might be done to the wounds produced by accident or operation. It is of great importance to be able to foresee or predict the supervention of this curious nervous commotion, and the author thinks that by following the signs we may prognosticate its approach.

If then within 12, 24, or 48 hours after a fracture, a luxation, an attempt at suicide, or a surgical operation, the patient appears in unusually good spirits, with talkativeness, glistening eye, and quick movements; if he affect an unusual degree of courage and resolution; be on your guard! Do not irritate or excite him; keep him quiet, and exclude all but his nurses, as well as light and noise. Very soon he will assail you with all kinds of questions; he will flatter, menace, abuse, sing, cry, and give way to unceasing loquacity. This is not always the most innocent kind of insanity. Our author has

known men in this state to get up in the middle of the night, seize some weapon, and commence a war of extermination on all within their reach. He has known others throw themselves out of the windows, or commit suicide in some horrible manner. The most remarkable phenomenon in these cases is the calmness of the circulation, and the total absence of any febrile symptom. It is a veritable mania, of short duration. He has rarely known it last longer than five or six days. The treatment is very simple. Quietude, security, some laudanum, by way of injection. M. Dupuytren prefers this mode of administering the remedy greatly to that by the mouth. He avers, that from six to ten drops given in this way, produce more effect than triple the quantity given by the mouth. This fact we have repeatedly witnessed of late, and we could not have believed it, had we not had the evidence of our own senses in proof. It is probable, as M. Dupuytren observes, that many medicines taken into the stomach are considerably changed or neutralized by the gastric juice and other matters with which they must be necessarily mixed in that digestive organ. In the lower bowels it is different; and the pure effects of opium may commonly be reckoned on with more certainty when applied to the intestinal surface at once. Here absorption, and not digestion, is the process that is going forward. It is evident that the former process is that which is most favourable for the operation of medicines. There is no doubt too that the impressions made on the nerves of the lower intestines are soon communicated to the general nervous system. We shall not advert to the speculations of Messrs. Dupuytren and Sanson, on the nature and proximate cause of this traumatic delirium. The paper itself is very curious and interesting.—Repertoire —*Johnson's Journal.*

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6. State of the Pupil in deep Intoxication.*—A young man was brought into this hospital, some little time ago, having fallen from the Bristol coach half an hour previously, in a state of complete intoxication. When admitted, he was quite insensible; the pulse 70, and rather labouring; the pupil dilated at first, but in the course of a very short time, it had become contracted almost to a pin's point. At the back of the head there was a circular wound of the scalp, about the size of a shilling, exposing the bone perfectly denuded beneath, but unaccompanied with fracture or depression. In the course of the day the pulse got up, and he was bled; and in the evening he brought up, by vomiting, a most disgusting mass of pork, brandy, &c. after which he became much more sensible, and the pupils began to act. Next day he complained of nothing but the scalp-wound; in spite of which, and all Mr. Rose's remonstrances to boot, he walked out of the hospital, got upon the top of the coach, and set off once more for Bristol.

Upon this case the reporter remarks—"We mention it principally with a view of calling the attention of our readers to the excessive contraction of the pupil, a state which Mr. Rose says he has generally seen in complete intoxication. In this patient there were many of the symptoms of compression of the brain; and indeed there cannot be a doubt that individuals are occasionally most severely, and even fatally treated for such compression, when rest, or, it may be, the stomach-pump, are all that is wanted."—*Ibid.*

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7. Case of Hydatids of the Liver cured by Operation. [By M. Martinet.]—It is now well known that hydatids, whether they be morbid growths or living animals, invade almost every structure in the human body. They vary according to the part in which they grow. Those of the liver are inclosed in a cellular or fibrous cyst, developed at the expense of the cellular tissue

* London Medical Gazette, No. V.

of the organ, and are found floating in a liquid, sometimes serous and clear—sometimes puriform and turbid; the latter probably from inflammation occurring in the parietes of the cysts. In proportion as the cysts expand, the larger hydatids burst, their debris become mixed with the fluid; and the fluid itself acquires a turbid appearance. We are nearly in the dark as to the causes of these hydatid formations in the liver. They have been observed more frequently after contusions of the right hypochondrium, than under other circumstances; but these cases are far from proving the etiology of the disease. Like all other organic diseases of this viscus, hydatids produce little or no inconvenience till their size begins to disturb the function of the organ, and occasion an enlargement of the right hypochondriac region. Even then, it is next to impossible to diagnosticate with any degree of certainty. When there is a prominence, accompanied by a fluctuation, we may conjecture, with some degree of probability, that there is either an hydatid formation, or a collection of purulent matter—in either of which cases we imagine there can be little objection to an operation. We shall now proceed to the case under consideration.

*Case.*—A ship-painter, named Damenge, aged 20 years, of strong constitution, and who had enjoyed habitual good health, with the exception of some attacks of colic, fell from a stage, on the 26th April, 1827, to a distance of ten or twelve feet, and was picked up insensible. On the next day, a slight yellow tint was perceived on his countenance, which soon spread over the whole surface of his body; but, as his health was not affected, he returned to work on the 28th of the same month. On the 30th, he felt pain in the right hypochondrium, and he could not lie on either side in bed. The pain in his side was accompanied by a retraction of the corresponding testicle, to which were added thirst and fever. This state continued till the 3d of May, when he was received in the Hôtel Dieu.

There was now very little fever; a slight yellow tint pervaded the surface of the body; tongue scarcely white; no headach; no pain in the right shoulder; constipation during the last four days. In the right hypochondrium, there was a tumour of irregular form, but not lobulated, extending from the ensiform cartilage to the edges of the false ribs, (which were a little raised) downwards to below the umbilicus. Pressure produced but little uneasiness, and the sense of touch discovered the presence of several bodies, somewhat hard, salient, unequal, and pulsative. The pulsation was considered as *communicated* from subjacent vessels. In several points, an obscure fluctuation was perceptible. Percussion elicited a very dull sound from the whole of the upper and right side of the abdomen, down as low as the right flank. On striking various points of the abdomen with one hand, while the other was kept steadily on the tumour, no shock was communicated to the latter. The application of the ear to the parts communicated no sound; but rather an absence of all sound. *Venesection—low diet.*

On the 4th May, a very fine trocar was introduced into the part where fluctuation had been least equivocal, and a cupping-glass applied. A few drops of limpid fluid escaped by the aperture. During the succeeding days, the health of the patient improved, and the icterus diminished. A caustic of potassa fusa was applied on the most salient point, under the false ribs—this was repeated on subsequent days. Meantime, the tumour seemed to get flatter, and lessened in volume. On the 15th May, the eschars fell off, and on the 19th, the tumour opened spontaneously into the bottom of the wound, and discharged a great quantity of yellow fluid, containing numerous hydatids. The diameter of the opening was about half an inch. Three basins were quickly filled with this discharge, and innumerable hydatids, of various sizes, up to that of an egg, (elongated in passing) were disgorged, with great diminution of the volume of the abdomen. The majority of these acephalocysts presented transparent coats, two or three in number, con-

taining an aqueous fluid which soon turned opake, on being exposed to the air. During the next few days, there was a considerable discharge of hydatids, and the patient continued free from fever. Some mild fluids were injected, from time to time, and returned nearly colourless. The hydatids that issued on the 23d of May, were of a yellow colour, apparently tinged with bile. The tumour had greatly subsided, and a pretty tight bandge was kept round the abdomen. The injection returned this day, rather fetid in odour. 26*th*. The injection returned much less fetid. In the course of the following days, an injection, composed of docoction of bark and solution of chloruret of lime, was employed, and produced some smarting pain. On the 5th June, a slight diarrhœa came on, which was remedied by a more restricted diet. On the 11th June there could not be more than four ounces of injection thrown into the cyst; and, by the 22d of the same month, it was impossible to introduce any thing. *5th July*. A slight discharge of purulent matter takes place every day, and the wound is closing fast. On the 6th July, the discharge presented the odour of feculent matter; and, next evening, some fragments of pease, eaten at dinner, were unequivocal in the discharge from the wound. From the 8th till the 20th of the same month, portions of undigested aliment presented themselves among the discharge, which was always of a stercoraceous odour. Sutures were tried to close the fistula, but they failed. On the 30th, the patient left the hospital in perfect health, with the inconvenience only of a small stercoraceous fistula. In the early part of August, he presented himself at the Hôtel Dieu, with the fistula completely cicatrized, and his health excellent.

We consider the above as a very interesting case, the details of which are stated with equal modesty and perspicuity. It may tend to diminish the fear of giving vent to hydatid tumours, (especially in the cautious way practised on this occasion) which has been inculcated by various surgical writers, down even to the present day.—*Ibid.*

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8. Pneumo-Thorax.—H. Bornier, aged 22 years, had been affected, for a considerable time, with varices and varicose ulcers of the legs, and for two years past he complained of pain in the chest and difficulty of breathing. His digestion was bad—his legs were œdematous—he had very strong palpitations of the heart—and he could take no exercise without danger of suffocation. His pulse was full, hard, and quick. In this state he was received into hospital, on the 13th June, 1827. He coughed much, and expectorated a yellowish flocculent matter—complained of deep-seated pain between the shoulders. By leechings and low diet these symptoms were considerably mitigated; but on the 18th, fever was rekindled, with pain in the right side of the chest. Leeches, aperients, and diluents were again employed; but without the dyspnœa—the muco-purulent expectoration; the quickness of pulse went on; and, on the 25th, the parietes of the chest appeared elevated; little or no respiratory sound could be heard in the right side, which, on percussion, was very sonorous, and salient. He went on in a wretched condition till the 29th, when he died.

*Dissection.* A trochar was pushed into the right side, when a large quantity of air rushed out. On opening the chest, the right lung was found compressed against the vertebral column; its lower portion and also the diaphragm were covered with false membranes; five ounces of transparent fluid in that side of the chest. The fistulous opening in the lung was found near the summit, and communicated with a very small cavern in the superior lobe. Through this fistula the air escaped, and produced the pneumothorax. There were many crude tubercles in the lungs. The mucous membrane of the trachea was much inflamed, and covered with muco-purulent secretion. All the other parts were sound.—*Ibid.*

9. Disease of the Heart.—Eliza Beaugrand, aged 17 years, of palid complexion, and delicate constitution, fell down about two months previously, deprived of sense and motion. From that time, till her entry into hospital, (15th June,) the extensor muscles of the left hand remained paralytic, notwithstanding the use of strychnine. On the 17th, the paralyzed hand was much infiltrated; 18th, the lower extremities were observed to be œdematous; and, on the 20th, the state of the heart was examined. She had never experienced palpitation; the action of the heart was rather strong; and the whizzing, or bellows noise, (bruit de soufflet,) was loudly heard by the ear. On the 22d, when the hand was placed on the region of the heart, a trembling sensation (fremissement) was felt, which it is difficult to describe, but which can never be forgotten after being one felt. In the beginning of July, the dropsical infiltrations, and the bellows sound increased; and bronchitis was added to the other disease. There was complete orthopnœa. She died on the 14th July.

*Dissection.* On one side of the right olfactory nerve, there was found a purulent depôt, an inch and a half in length, by three lines in depth, containing white matter, intermixed with granulations of more firm consistence. The auriculo ventricular valves of the heart were indurated; one being of a fibro-cartilaginous texture, the other partially ossified.—*Journ. Gen. de Médécine.*

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10. Urticaria Tuberosa Intermittens.—Daubenton, aged 33 years, entered the St. Louis Hospital on the 2d December, 1825, and was discharged on the 1st November, 1826, after a sojourn of 333 days. Four years previously he caught the itch, of which he was cured by the usual means. After taking a warm bath, at the completion of the treatment, he was seized with a violent rigor succeeded by intense heat, and ultimately profuse perspiration. At the same time, the left elbow and left knee swelled, and presented a number of irregular nodosities, of vivid red colour, and accompanied by insupportable pricking heat. This paroxysm, (for so it deserves to be called) lasted eight hours, and then ceased, leaving the parts abovementioned covered with dark-coloured patches, that disappeared under pressure. On the succeeding evening, at the same hour, Daubenton was seized with a similar paroxysm in all respects, which lasted six hours. The swellings and nodosities in this paroxysm were on the opposite side of the body. From this time he was regularly seized, every day, with an attack similar to the first, except that almost every part of the body became, in succession, the seat of the swelling, irritation, and eruption. Ulcers formed on the ankles, and he was soon confined to bed, in a most miserable condition. At the end of a fortnight he was carried to the Hôpital de Beauvais, the paroxysms having now augmented in duration and intensity. The tumefaction of the lower extremities was now permanent and enormous, the skin being almost black. Venesection, blisters, sulphurous baths, were employed in this hospital, by which the complaint was much mitigated; but, as soon as he began to move about the wards, he relapsed as bad as ever. After four months residence in hospital, he went out in the above-mentioned condition. He came to Paris, and, after a few months, repaired to the Hôpital St. Antoine, where he stayed nine months, undergoing a variety of treatment, with the effect of reducing the disease from a quotidian to a tertian, and somtimes a quartan form. This amelioration was attributable to bark, which he took in powder. He went out of hospital in this state, and contracted a syphilitic complaint, of which he was cured in the Hôpital des Veneriens, the original malady still continuing, though considerably mitigated. The unhappy Daubenton now supported a miserable existence, by working during the early part of the day, betaking himself to bed every

evening, under a paroxysm of the pristine affection. At length he presented himself at the St. Louis, and there the periodical accessions of the disease, as already described, were unequivocally ascertained. The paroxysms generally lasted four or five hours, accompanied by the swelling and eruption above-mentioned. On minute examination, during the remissions, no organ of the body appeared to be disordered in function or structure. Having now again become affected with itch, he went through the usual regime for that malady, and was cured of it. The sulphate of quinine was then administered, in doses of eight grains per diem. The paroxysms were stopped by this remedy, and he remained eight days free from complaint. He procured wine secretly, committed a debauch, and again the original malady returned. This relapse was accompanied by inflammatory symptoms, which obliged them to omit the quinine, and proscribe antiphlogistics for a fortnight. again the quinine was administered, and in twelve days the paroxysms were stopped. The intermission lasted a month, when the disease returned, without any appreciable cause; but in a much milder form. M Biett now determined to employ arsenic; and Fowler's solution was administered, at first in doses of five drops per diem. The paroxysms ceased after the fifth day of this treatment. The remedy was obliged to be suspended for eleven days, on account of some enteric affection, but the original malady did not appear in that interval. The solution was then recommenced, and continued for 26 days, at 6 drops the dose. The malady returned no more, and the patient was retained six weeks in the hospital, after cure, in order to be sure that he was free from complaint.— *Bibliotheque.*

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11. Malignant Bleeding Polypus of the Nose.—An interesting case of this terrible disease is detailed in No. 6, of the Gazette. We must refer our readers for the details, which are exceedingly well given, to the journal in question; but we may just state, that it had existed for eighteen months, had been removed by the forceps twenty-three different times, and was constantly bleeding. After putting the patient under proper diet, &c. Mr. Earle attempted to dissect it out by an incision, commencing at the top of the right nasal bone, and extending through the ala nasi. The polypus was attached to the nasal and maxillary bones, which were rough, and their Schneiderian membrane thickened. Each stroke of the knife was followed by profuse hæmorrhage, and it was thought necessary to remove part of the nasal and maxillary bones, and to apply the actual cautery. The operation, which does no discredit to Mr. Earle, was performed on the 29th September, and by the 30th October the fungus had again made its appearance. It went on increasing in size, bled profusely, and on the 30th December the patient died.

On dissection, the fungus appeared to have taken its origin from the membrane covering the vomer, superior turbinated bone, and cribriform lancella of the æthmoid. The lungs, the liver, the spleen, and pancreas, the renal capsules, fat surrounding the bladder and rectum, &c. &c. were studded with tumours, some of them medullary, some of them resembling clots of blood, and readily breaking down under the fingers.—*Johnson's Journal.*

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12. Sciatica cured by Moxa.—In the seventh number of the Gazette, there is an interesting case related from the pratice of Mr. Earle. The patient was a courier, æt. 32, who began to be attacked with sciatica, "racking sciatica," two years previously, whilst travelling on the continent. He had been cupped, leeched, and blistered; used hot baths and cold baths, mine-

ral waters, &c. without the slightest benefit. When abroad, he had undergone acupuncturation three times, with some temporary benefit, but would not submit to the introduction of the needles any more, on account of the pain they occasioned. For fourteen months prior to his admission, his sufferings had been very severe, and his health was a good deal broken in consequence. He could lie only in the horizontal position, and referred the pain accurately to the course of the great sciatic nerve. Mr. Earle put him upon alterative doses of the blue pill, with some relief to the pain, but not making progress under this plan, acupuncturation was tried, but only with slight effect. He was then ordered the subcarbonate of iron, ℈j. every four hours, the dose being gradually raised to ʒss. The medicine disagreed with his stomach, and was discontinued. Mr. Earle now applied a dozen moderate sized moxas along the thigh, and with the happiest effect, for the pain in the thigh never returned. It was necessary subsequently to re-apply the moxa on the loins in consequence of some pain there, which was not relieved by cupping and belladonna plaster. On the 1st January, he was made an outpatient, and continues so well that he talks of resuming his old situation as courier.

We think the moxa is scarcely used enough by surgeons in this country. In some cases, it is decidedly preferable to cupping, on account of the manipulation and disturbance which the part must necessarily undergo during the latter process. In an inflamed joint, for instance, we have again and again seen cupping ordered, the surgeon not considering that the pressure of the glasses and scarificator, and the disturbance done to the joint, must inevitably do, at least as much mischief, as the local depletion can do good. As far as we have seen, however, the moxa is not so applicable to the acute stages of inflammation, as to the more chronic forms of sciatica, old sprains, stiff joints after rheumatism, and cases of that description.—*Ibid.*

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13. Urinary Concretion of unusual Dimensions.—We have been favoured by Dr. John King of Irvine, with the inspection of a urinary calculus of very extraordinary size. Its weight, after being thoroughly exsiccated, was 13,000 grains, or 27 ounces 40 grains. Its length was 5.56 inches in one direction, its diameter was 3.37 inches, and in another direction 3 inches. Its longer circumference was 15 inches, in another direction 14.12 inches, and its transverse circumference 10.37 inches. It was externally of a grayish white colour, and its surface slightly tuberculated. The patient from whom this stone was taken after death, was from infancy afflicted with severe pain in voiding his urine. The pain did not remarkably increase until about the fourteenth year of his age, when the symptoms becoming more severe, he had recourse to the usual palliatives, but found no permanent relief. He continued his usual occupation, (which was that of a carter) for the space of twenty-six years afterwards, never exempt from the most acute pain. In the earlier part of this period, he was repeatedly advised by several medical gentlemen and Dr. King to undergo an operation, but to which neither he nor his relations would consent. During the last six years of his life he was unable to follow his ordinary occupation, and was confined to bed; and when, about four months before his death, Dr. King was again called in, he told him he was willing to submit to any thing that would tend to give him ease. But from the enlargement of the stone, which could be felt externally, Dr. King deemed an operation impracticable. On his death, Dr. King found the inguinal glands diseased, and on laying open the bladder, the stone above described. He died in the forty-sixth year of his age.—*Edinburgh Med. and Surg. Journal, Jan.* 1828.

14. *Cæsarean operation successfully performed.* By Professor Andreini.—Egidia Sgrilli, of Florence, twenty-three years of age, of a weakly and scrophulous habit, being at the full time of utero gestation, she suffered labour pains for sixty hours, when two physicians were called to her, who found that the brim of the pelvis was too small to allow of the possibility of the birth of the child *per vias naturales;* she was free from fever, the pains were less frequent, the os uteri was dilated, the liquor amnii had passed away, the funis appeared without the os externum, it did not pulsate. The child had not been felt to move for six hours. The Cæsarean operation was determined upon. The patient being placed in a convenient manner upon a bed, an incision was made in the course of the linea alba, which divided the first layers of the fibres of the uterus; a second incision in the same direction opened that viscus, from which the dead fœtus was taken, the size of which proved the impossibility of its being brought into the world in the usual manner.

The wound was united by five points of the suture, having a tent of lint in the inferior angle; and a bandage was applied about the abdomen. In the evening of the same day the febrile excitement rendered venesection to twelve ounces necessary. A bloody discharge flowed from the vagina; the fever continuing, seven ounces more blood were abstracted in the night.

The following day, there was fever, vomiting, headach, and ischuria. The catheter was employed; venesection twice, to half a pound each time; lavements and mild drinks. The third day the fever continued with ischuria and constipation; venesection, catheter and lavements were repeated.

The fourth day the patient was better, constipation continued. Half an ounce of castor oil produced plentiful, yellow liquid evacuations.

The fifth day fever returned. Abdomen tumid, and tender when touched, the lochial discharge became suspended, headach and dryness of the fauces; venesection was repeated to half a pound. Symptoms diminished, a sero-purulent discharge flowed from the wound.

The sixth day, and during the morning of the seventh, evident improvement; the lochial discharge returned; darting pains in the mammæ; in the morning and at night the fever was very high; four ounces of blood were abstracted, and afterwards two ounces more were drawn.

The eighth day, better; the dressings were removed. The wound was found to be united throughout its whole extent, except at the inferior angle, in which the lint was placed.

The fourteenth day, the point of suture at the superior angle of the wound was removed; the following day the second point, and on the sixteenth day, the three remaining points, and strips of adhesive plaster were placed across the wound.

The diet of the patient was from this time gradually increased; a bandage with a plaque was applied over the cicatrix. On the thirtieth day from the operation, the patient left the hospital perfectly well.—*Annali Universali di Medicina Milano, Agosta et Settembre,* 1827.

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15. *Secretion of the Menstrual Fluid by the mucous lining of the Bladder.*—At the Séance of the 25th of October, 1827, of the Royal Academy of Medicine, M. Lisfranc communicated the following fact:—A woman, soon after her accouchement, had very extensive syphilitic ulcerations, which produced an adhesion of the parietes of the vagina; she applied to him in order to obtain a cure by means of an operation. This practitioner ascertained that there was a complete occlusion of the vagina. At the menstrual periods this woman suffered from a sense of heat and weight in the hypogastric region, but had no serious illness: at the end of two or three days, by the aid of blood-letting, these symptoms disappeared. M. Lisfranc knew of no such case in which an operation had been practised with success; and as the woman had not suffered any great inconvenience, he resolved not to operate. Two months after this period, she felt her usual catamenial symptoms; in the following night she passed from the bladder about an English pint of blood, and was immediately relieved. A month afterwards the same thing happened, and the mucous membrane of the bladder was the seat of the menstrual hæmorrhage.

16. *Singular effect produced by Emplastrum Cantharidis* —Dr. Ammon ordered a camphorated blister to be applied to the side of a patient who was affected with a slight pleurisy, which had not entirely given way to leeches. The patient objected to the blister, stating that, several years ago, a blister applied to the chest occasioned a very severe blennorrhagia, which reqnired five weeks of severe regimen and appropriate treatment to cure. Nevertheless, the blister was applied, and relieved the pleuretic affection; but, four days after it had healed, a fresh blister was applied, and soon afterwards a deep ulcer appeared on the glans penis, yielding an abundant suppuration; it did not assume any syphilitic character, and Dr. Ammon attributed it entirely to the blisters. It was washed daily with a solution of the acetate of lead, and was not cured until the expiration of the third week from its appearance.—*List. Annal. der. ges. heik.*

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17. Dr. Gouvert's method of treating scirrhus of the mammæ and testes.—This practitioner, after local blood-letting, by leeches gives the following pills: —

R. Sapon. dur. ℥ss.
Gum. Ammon.
Extract. Conii.
——— Aconit. Nap. ā ℥iss.
Pil. Aloes cum Myrrh. ℥j.
Misce. Fiat pilulæ 114.

Two pills to be taken morning and night, increasing the dose one pill daily, until twelve or fifteen are taken morning and night; the leeches are repeated every fortnight; the parts affected are covered with cataplasms of fresh leaves of conium maculatum; the actual cautery is applied to the arm; tepid baths are used; a mild regimen, and diluent drinks are employed.—*Mem. de la Soc. Acad. de Savoie.*

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18. The effects of fright.—M. Hellis, fils, relates the case of a girl, twelve years of age, who, having had the curiosity to be present at the execution of a criminal, was seised, at the moment the knife severed the head from the body, with paralysis of her arm. A month after, she entered the Hôtel Dieu, of Rouen, but although she remained there three months she procured no amelioration.

Barthez relates the case of a mother, who, having had the misfortune to let her child fall, was immediately seized with paralysis of the arm that had supported it. [Causation is, perhaps, reversed here, for it is quite as probable that the fall of the child was owing to the arm that held it being attacked with paralysis, as the contrary.]

M. Hellis mentions another case, of a girl, nine years of age, who was so frightened at a dog, put into a rage by two ruffians who attempted to pull out his tongue, that she fell down instantly, and was unable to rise or move; her eyes were fixed, and her appearance stupid. She was carried on the morrow to the Hôtel Dieu, dumb, immobile; her sensibility was perfect throughout, her pulse calm, the skin natural, her figure now more animated than in a state of health, the eyes were no longer fixed, but were directed at hazard; all voluntary movements were impossible; but she had no stiffness of the paralysed members. The throat appeared tumefied; deglutition difficult. A grain of emetic was given in some water, but it had little effect. The following day leeches were applied to the throat, and a purgative lavement was administered, but these produced no amelioration in her condition. She remained in this state for two days; on the third, she appeared to have a sense of suffocation at the chest, and she suddenly expired.

The body was very minutely examined, brain and all, but no other appearance of disease was discovered than a little inflammation of the pharynx, and a great quantity of bile in the gall-bladder.—*Nouv. Biblioth. Med.*

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19. Enlarged livers and spleens removed by iodine.—Three cases of this kind have recently been reported by Dr. Milligan, from the Royal Universal Infir-

mary for Children, which appear to prove the superiority of iodine over mercury in glandular and visceral tumours. In the first case, the child was five years of age, and presented a tumour occupying the right hypochondrium, extending anteriorly in a line with the linea alba, and inferiorly to the superior part of the hypogastric region. It was firm, colourless, pushed out the ribs considerably, and was attended occasionally with shooting pains. The tumour had been perceived growing for six months. The child was put on a course of the tincture of iodine, and in about two months and a half the tumour was quite gone.

In the second case, the child was under two years of age, and had an ague when admitted. There was a tumour in the region of the spleen, said to be of eight months growth. Mercury had been used without effect, and Dr. Milligan ordered the iodine in small doses. In little more than a month the swelling was gone. In the third case the tumour was lower than the region of the spleen; but it gave way to the tincture of iodine.—*Johnson's Journal.*

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20. Gangrene of the lungs not fatal.—Some pathologists of this country deny the possibility of recovery in cases where a portion of lung becomes disorganized in a gangrenous way, and where this disorganization is supposed to be indicated by the black fetid expectoration exhaling the odour of mortified parts. Laennec and others, on the Continent, maintain the possibility of such an occurence, and we are inclined to side with such a man as Laennec, rather than with those who are opposed to him in this country. The following case was lately detailed by M. Laurent to the Parisian Academy of Medicine.

*Case.* Madam the countess of L—— had experienced from youth several attacks of hæmoptysis. In a journey which she made to Versailles, in 1823, she was seized with acute pain in the right side of the chest, which yielded to the application of 24 leeches, but which still induced an indescribable malaise of two or three days' duration. On the 4th day, she was seized with a violent and convulsive cough, succeeded by an abundant expectoration of greenish matter mixed with a black substance, emitting a horrible gangrenous odour. This kind of expectoration continued a long time, and it was ten months before she perfectly recovered.—*Revue Med.*

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21. Paralysis from cubebs.—Mr. Broughton has related a curious case of this kind, in the person of a young gentleman, who had been taking the above-mentioned medicine for about a fortnight, in the dose of two drachms thrice daily, for a gonorrhœa, and being otherwise in good health, and living quietly. A distortion of the mouth to one side, whenever he attempted to speak or smile, supervened—and the pulse became irregular, with some other symptoms of constitutional derangement. He was bled to half a pint, without any advantage. Then he was freely purged, with benefit, but at the end of three weeks the distortion had not entirely disappeared. Was this not an affection of the portio dura, and the result of cold caught in the side of the head, rather than the effect of cubebs?—*Med. Gaz.*

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22. Bony tumour obstructing the pylorus.—This is a very rare disease. Dr. Webster has lately recorded an example of it. The patient was an elderly gentleman who had enjoyed good health, with the exception of some attacks of dyspepsia, attended with costiveness, and relieved by diarrhœa. These attacks never assumed a formidable character till last autumn, when he was, one morning, seized with excruciating pain in the epigastrium, accompanied by slight sickness and acceleration of pulse, anxiety, constipation, &c. These symptoms increased in urgency, and a fluctuation and fulness could be felt at the epigastrium, by Mr. Nicholson, who had been called to the patient.—Bleeding, cathartics, enemata, all failed, and the patient sunk in 22 hours from the commencement of the attack.

*Dissection.* The stomach was found to be much distended, and a cartilaginous body, intermixed with numerous spiculæ of bone, was discovered firmly attached to the coats of the organ, close to the pylorus, into which one end of the tumour projected like a stopper, thereby preventing all egress from the stomach into the duo-

denum. There were some marks of inflammation in the stomach, and a considerable effusion of serum into the cavity of the abdomen.

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23. Ascites cured by injection of wine-vapour.—At a late sitting of the Academy of Medicine in Paris, M. L'Homme related a case of ascites cured by the introduction of the vapour of wine into the abdomen, after the water had been drawn off. The patient was 49 years of age, and had enjoyed good health up to the age of thirty-eight years, at which period he had an attack of hæmatemesis, which lasted four days. After this attack, the abdomen began to swell. Various means were employed, without effect, and in six months it was necessary to perform paracentesis. Sixteen pints of clear water were drawn off. In one year more the operation was again necessary; and by the end of 1822, when the patient came under M. L'Homme's care, the paracentesis had been six times performed. The reporter tried various diuretics, but without making any impression on the dropsy. At this time he read an account, in Broussais's Journal, of a cure by the introduction of wine-vapour into the peritoneal cavity, after the evacuation of a fluid, and he determined to try this measure. After the operation of paracentesis abdominis, therefore, he contrived, by means of an apparatus which cooled the vapour to the animal temperature, to introduce the wine-vapour six times into the peritoneal cavity. The patient experienced no other sensation than that of mere distention, after these operations. He was prepared to remove the vapour, if it occasioned much inconvenience; but this was not the case. Only some slight colicky pains ensued, which recurred, from time to time, for two months. The dropsical effusion never returned; and it is now two years since the operation.

M. L'Homme tried the same experiment on another patient, who had been dropsical for more than 20 years; but it failed of success. No bad accident, however, resulted from the introduction of the vinous vapour.

The operator exhibited to the Academy an apparatus which he had constructed for this operation, and by which the vapour raised from the boiling wine was cooled, in its passage, to the peritoneal cavity.—*Revue Med.*

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24. On muriate of iron in gastromalacie or softening of the stomach.—In an epidemic disease which prevailed at Heilbrun, in 1825, Dr. Pommer lost two children. Post mortem examination proved the affection under which they fell to be gastromalacie. Sometime afterwards he was called to attend two other children with the same disease, and from what he had learned of the practice of Autenreith, with respect to the use of the muriate of iron in those violent diarrhœas which so frequently attend the severer forms of typhus fever, he was induced to employ it in these cases.

Case 1st.—This was an infant six months old, it was being brought up by hand; its health had been very good from its birth. It had been ill eight days. No food would remain upon its stomach. It had six, eight, and nine alvine evacuations daily. Sometimes they were thin and aqueous, sometimes coagulated and pultaceous; they were pale coloured and extremely offensive. It was fretful, uneasy, and seldom quiet, the face was very pale, it frequently thrust out its tongue. It had a haggard countenance. The state of the abdomen appeared natural to the sight and touch; not contracted by spasm nor distended, not too hard, too soft, nor too sensible. It had great thirst, a dry hot skin, the feet were sometimes cold, respiration was easy, the pulse was accelerated but not hard, the sleep was short, disturbed, half comatose, with frequent startings, the eyes rolled, much groaning and restlessness.

The treatment commenced by forbidding all aliment except two spoonsful of warm milk twice a-day. A cataplasm made of red erichma bark, wild chestnuts, willow bark, and aromatic powder, of each an ounce, was applied to the epigastrium. Cold applications were ordered for the head, and sinapisms for the legs. Two tea spoonsful of the following mixture were given every hour—

| | | |
|---|---|---|
| Take of strong decoction of Mallows-root | f℥ij. f℥j. | |
| Gum Acaciæ in powder | ℥ij. | |
| Muriate of iron | grx. | |
| Syrup of Mallow | f℥vjss. | *Mix.* |

The next day, twelve and a half grains of the muriate were given in the same vehicle; during these two days the child vomited but once, and passed three green stools. In the morning of the third day it had two hours' sleep, which it had not enjoyed for eleven days; it appeared much improved, but this amendment was not of long continuance, for the disease arose afresh in the afternoon. On the fifth day the vomiting ceased, and only two alvine ejections took place: it now showed inclination for food, yet nothing was allowed beyond its milk; its sleep was still restless, with occasional groaning and rolling of the eyes; the temperature of the skin became natural. The regimen and external treatment were continued; but as all the symptoms were gradually receding, the applications of cold to the head were less frequent; the muriate was now given every two hours, and on the eighth day of the treatment, the sixteenth of the disease, the astringent aromatic cataplasm was discontinued. The appetite not being satisfied by milk alone, light farinaceous food was given three times a-day; at length convalescence became more and more established, and the child was restored to perfect health.

Case 2nd.—Another child, four weeks old, presented the symptoms of incipient gastromalacie. It was cured by the internal use of the muriate of iron, without the aid of the external applications which were employed in the above case.—(*Heidelberger Klinische Annale* 2 B. 2 H.)

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25. Diseases cured by the actual cautery.—Apoplexy. Jan. 20th, 1824, T. Romanof, aged twenty, a musician of the third brigade of artillery, after playing for some hours on the bassoon, suddenly felt a general sensation of cold gliding as it were under the skin, followed by weakness of the whole body. In this state he continued for two days, with fever, restlessness, and slight oppression. On the 23d, while looking much better, he was seized with a severe fit of apoplexy. Bleeding from the foot, to sixteen ounces, cold applications to the head, and fomentations to the feet were of little service; and Dr. Krilof resolved to employ the actual cautery. This was performed through the medium of a clean copper coin placed over the first dorsal vertebra. Sensibility was now somewhat roused. Sal volatile, (the English preparation of which was most efficacious) sternutatories and sinapisms were now exhibited. The extremities presently recovered their natural warmth, and the pulse being at 80, six ounces of blood were taken from the foot, with marked benefit. In short, by perseverance in this treatment for sixteen hours, the patient was so far reinstated as to be able to walk with a little assistance. Feb. 6, he left the hospital, cured.—(*Journ. de Med. de St. Petersbourg. No. 3. p.* 366.)

II. An Armenian merchant, aged forty, was placed under the care of Dr. Kholovitch. He had received a severe contusion on the nucha from a fall, five months after which he became epileptic, with total loss of memory. Bleeding from the foot, stimulants, narcotics, calomel, and the arnica montana, were all tried, but with little or no good effect. The actual cautery was then applied at the lower point of the nucha; by the eighth day, all stupor had disappeared, and the memory was re-established. Subsequently, he derived great benefit from a decoction of the anthemis pyrethrum, as a lotion to the head.

III.—*Amaurosis.*—Kartamonis, colonel of a dragoon regiment, stationed on the line of the Caucasus, was attacked by the epidemic inflammatory fever. After recovering from severe cerebral oppression, he gradually lost the sense of vision. Emetics, the arnica, and blisters to the eyebrows and to the nucha had been employed in vain; when Dr. K. tried the actual cautery on the shaved scalp, near the junction of the temporal with the occipital bone. At the end of four months, during which time the cautery was renewed daily, the patient had recovered his sight.

IV.—*Amenorrhœa.* An Armenian woman, between 35 and 40 years of age, was afflicted with amenorrhœa, the apparent consequence of a protracted tertian fever. Dr. Kholodovitch thought this a fair case for the trial of electricity, to be directed from the sacrum to the pubes, so as to effect (in the words of the author) the inferior mesenteric plexus, from which the uterine plexus arises. After several discharges of electricity, *clots* of suppressed blood passed off (!), and in three weeks the patient's health was much improved. Encouraged by this success, she consented to

undergo the actual cautery, applied to the sacrum, over the commencement of the fourth and fifth pair of sacral nerves, and to have a poultice of bruised ranunculus laid on the hypogastrium. By means of these two remedies the suppression was finally overcome. The doctor has found the latter remedy very serviceable in many cases where excitation of the nervous and vascular systems was indicated. In Volhynia, the peasants cure themselves of intermittents by applying this plant to the wrist a few hours before the return of the fit.—(*Journ. de Médicine Militaire de St. Petersbourg. Vol. i. No. 3. p. 343.*)

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26. SYPHILIS COMMUNICATED BY LEECHES.—In a Journal entitled the Westphaelischer Anzeiger, a case is recorded where some leeches which had been employed first on a syphilitic patient, and afterwards on an infant, communicated the disease to the latter. This warns us not to apply leeches to a second person, without having sufficient assurance that the previous affection of the first patient was not infectious. —*Bulletin des Sciences Med. Jan.* 1828, *No.* 1. *p.* 80.

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27. CHRONIC ULCERATIONS OF THE TONGUE AND PHARYNX CURED BY IODINE.—BY M. MAGENDIE, Physician to the Saltpetriere.—The illustrious author observes that he never enters this melancholy asylum of reputed incurable diseases (the Saltpetriere) without turning his mind to the search after a remedy for some of the terrible afflictions which surround him. The cases of cancer are above all deplorable, and he is not without hope that the large doses of iodine which he is now employing in this disease, may prove serviceable. In the mean time, he reports two cases of old ulcerations considered incurable, which have completely yielded to the remedy in question.

*Case* 1. A female in the ward of St. Nicolas, of lymphatic constitution, had enjoyed good health till the age of thirty, when menstruation became irregular, and epileptiform attacks made their appearance. After a time, a new malady supervened. Ulcers of a kind which the patient could not well describe broke out on various parts of the body and limbs:—some exfoliations of the tibiæ and bones of the arm also took place. Excrescences were now seen on the pharynx and tongue, and the attendant physician, conceiving the complaint to be syphilitic, notwithstanding the positive denial of the woman, she was put upon a mercurial course. Under this treatment the ulcerations of the body and limbs healed; but those of the tongue increased. In the course of time the patient lost her voice, which was attributed to ulceration of the chordæ vocales. In this deplorable condition, M. Magendie ordered a solution of the hydriodate of potash to be exhibited, and the dose to be gradually increased, till it amounted to thirty-six drops in the day. The good effects were soon conspicuous. The surface of the ulcerations cleaned, and, in fifteen days, those of the tongue were completely healed. In a little more than a month, the other ulcers were also cicatrised. When every thing appeared to promise success a violent dyspnœa came on, and all the symptoms usually attendant on œdema of the glottis. Anti-phlogistics failed, and tracheotomy was not practised. The patient sank. On examination, the interior of the larynx was found covered with firm and whitish excrescences, ("vegetations,") by which the passage was rendered impervious to the air.

*Case* 2. Madeline Petibon, aged forty-one years, had been in the HOSPITAL SAINT LOUIS four years previously for large ulcerations on the legs. She had scarcely left the hospital, apparently cured, when she was seized with dyspnœa, pain in the region of the larynx, and complete loss of voice. These symptoms continued, and, at the same time, large ulcers broke out on the face and neck, as well as on the tongue. Various modes of treatment had been put in practice, but without much relief, and she entered the Infirmary of the Saltpetriere, in March, 1827, three years after the commencement of the facial ulcerations. Her nose was now almost demolished—various fungous ulcers were spread over the face and tongue—deglutition was very difficult—the respiration was impeded—articulation almost annihilated. On the 27th June the patient was put on the use of tincture of iodine, and the dose

was gradually increased. The ulcerations at last were entirely healed, and a complete cure is now effected.—*Journal de Physiologie.*

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28. PREPARATION OF SULPHATE OF QUINIA AND KINIC ACID, WITHOUT THE USE OF ALCOHOL.—The following is the process of MM. Henry and Plisson: About two pounds of bark are to be coarsely powdered, and boiled with water, acidulated with sulphuric acid in the usual manner. When the hot liquors are cleared, recently prepared and moist hydrate of lead is to be added until the fluid is neutral, and has acquired a faint yellow colour: this must be done carefully, lest too much hydrate of lead be added. As the decoloration of the decoction is necessary, the liquid, if it remains turbid until the next morning, must have a little more hydrate added, and be refiltered; but the operation is rarely subject to this inconvenience, being usually finished in a few hours. The yellow liquid contains a little kinate of lead, much kinate of lime, kinate of quinia or cinchonia, a little colouring matter, and traces of other substances. The washed deposite consists of colouring matter, combined with oxide of lead, sulphate of lead, and a portion of free quinia; it contains no sub-kinate of lead.

The lead, dissolved in the fluid, is to be separated by a few drops of sulphuric acid, or a small current of sulphuretted hydrogen, and the filtered liquid is to be precipitated by adding caustic lime, previously mixed into a thin paste with water, until the earth is in very slight excess: in this manner the quinia is precipitated. The addition of sulphuric acid readily converts this quinia into sulphate, which may be obtained in very white and silky crystals. The fluid left after the separation of the quinia contains a kinate of lime, almost pure. Being evaporated until of the consistence of syrup, it readily crystallizes in a mass, which may then be purified by recrystallization. The kinate of lime may be precipitated by means of alcohol, and then be crystallized after solution in water or diluted alcohol; or, by adding oxalic acid drop by drop, according to the direction of M. Vauquelin, the lime may be separated, and kinic acid obtained. Two-thirds of the quinia or cinchonia in a specimen of bark may be thus separated, and with such facility as to offer a ready test of the presence of these alkalies in any wood or bark submitted to examination. (*Journal of Science*, from the *Ann. de Chimie.*)

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29. HERPES CURED BY HYDROCYANIC ACID.—A woman, aged fifty, who was affected with herpes on the genital parts, accompanied with extremely painful itching, was completely cured by Dr. Schneider, in the space of fifteen days, by the topical employment of an alcoholic solution of Prussic acid, used in the proportion of from a drachm and a half to two drachms, in six ounces of alcohol. This physician obtained the same result from the acid in the case of a woman four-score and four years of age, in whose case it was employed in the same proportion, diluted with rose-water instead of alcohol. He likewise relates three other cases, in which the same remedy succeeded in curing the disease.—(*Hufeland's Journal.*)

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30. SPONTANEOUS RUPTURE OF AN ENCYSTED TUMOUR OF THE OVARY.—This case was communicated to the Académie Royale de Medécine, by Dufau. Madame B., aged thirty-six, of a good constitution, had, during seven years, on the right side of the abdomen, a moveable tumour, which increased progressively in volume till it attained the size of an infant's head. This tumour was always sensible and painful at the menstrual periods. On the 29th of May the subject of this case made an attempt to pull off her stockings, and in doing so, she suddenly felt an excruciating pain in the region of the tumour, accompanied with sickness. On putting her hand to the part where the pain was situated, she could now feel no trace of the tumour. M. Dufau was called in, and he found her in a state of inexpressible anxiety; the pulse was intermitting; the skin cold; the abdomen painful, distended, and hot; fluctuation of fluid could be distinguished in the abdominal cavity. Forty leeches were immediately applied to the belly. On the following morning she was easier, but the tongue was dry, red, and pointed; the pulse was hard and intermitting.

31st. She had been calm all the night; less thirst; less tenderness of the abdomen. No trace of the tumour could be discovered. June 1st, Continuing to improve; the breasts are swelled, and they give out milk the same as after lying-in; there is no more any fever. The patient went on improving till the 15th of June, when a tumour surrounded with inflammation, took place in the right groin. At this time also it was discovered that the abdominal tumour had re-appeared; its volume was now small, but it went on increasing. The inguinal tumour suppurated, and discharged serous pus. By the 29th, the abdominal tumour had acquired its former size; it then remained stationary. The health of the patient was good, and the abdominal tumour did not appear to exert any influence over the functions of the digestive tube. —(*Journ. Gen. de Med.*)

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31. Diseases of the placenta.—The cause of death in still-born children is seldom inquired into, and there is, perhaps, no branch of pathology involved in greater obscurity than that connected with the fœtus and its appendages in utero. Death is generally attributed to some malady affecting the child itself, neither understood nor sought after, or else to a separation of a part, or the whole, of the placenta from the surface of the uterus. It is seldom that the condition of the placenta itself is examined, and it is perhaps as seldom that the child undergoes any inspection. That the placenta is liable to disease, like every other vital part, is sufficiently proved by the fact, that a part of it is not unfrequently found converted into a cartilaginous or osseous state. It might be inferred from this that it is subject to other diseases, and that these diseases must frequently be the cause of the death of the fœtus. That this is the case, M. Brachet, physician to the Hôtel Dieu, clearly shows in the Journal Général de Médicine, where he relates several cases which came under his own observation.

A woman was delivered for the first time, of twins, one of them being alive and the other dead. She continued well during her pregnancy, and the labour was natural. M. Brachet, having examined the dead fœtus, and finding nothing in the three splanchnic cavities to account for its death, was led to examine the two placentæ. The one belonging to the living child was of a reddish colour, and of a moderately firm consistence; and on pressing it, nothing but florid blood ran out. The cord was healthy. The other placenta had a livid colour, it was voluminous, of a very firm consistence, and its tissue was compact, yielding with difficulty to pressure, but it was more friable than that of the other, and easily torn. On being cut into, its appearance was like that of the red hepatization of the lungs, and on its surface being scraped, it gave a thick reddish fluid. M. Brachet attributes the death of the fœtus to the disease of the placenta, which disease being rendered analagous to inflammation of the lungs, he terms inflammation of the placenta.

Madame P—— had a fall in her seventh month of pregnancy. After this she felt great pain in the abdomen and loins, and she was obliged to keep her bed for three weeks. Seven weeks after the accident, she was delivered of a very lean, feeble child. On the fœtal surface of the placenta there were found two white, foul tumours, about the size of pigeon's eggs, each of which contained a quantity of lactescent fluid, having all the characters of pus. The following year, Madame P—— was again delivered of a dead child, whose abdomen was of a greenish hue, deprived of its epidermis in its passage through the pelvis. The placenta was very voluminous; three-fourths of its extent was occupied by a large depôt, which contained more than a glassful of purulent matter mixed with blood.

M. Brachet relates eleven cases where the placenta was found diseased, and the fœtus was either dead or in a feeble state in each. This is a subject well worthy of attention, for we believe very little has been yet paid to it.

# MEDICAL INTELLIGENCE.

[We have received from a learned correspondent the following curious extract from a Latin work not generally known, a translation of which we present to our readers. It is not mentioned on the title-page who was the author of the book, nor where it was printed, but at the end of the volume there is this signature, M. S. V. 1553, which is intended for Michael Servetus, Villanovanus.

This extract shows clearly that the author was in some degree acquainted with the circulation of the blood long before the time of Harvey.]

*Extract from a Work, entitled, Christianismi Restitutio, &c. p. 734—1553. M. S., V.*

P. 169. "But reader, that thou mayest have the whole rationale of life and spirit, this divine philosophy, I will subjoin which thou wilt easily understand if thou hast been versed in anatomy. It is said that in us there is a triple spirit, natural, vital, and animal, composed of the substance of the three superior elements ( * ). Truly there are not three but two distinct spirits.

The vital spirit is that which by anastomosis is communicated from the arteries to the veins in which it is called natural. The first therefore is blood whose seat is in the liver and veins of the body. The second is the vital spirit whose seat is in the heart and the arteries of the body. The third is the animal spirit which is as a ray of light, whose seat is in the brain and the nerves of the body. In all these is the energy of one spirit and light of God. The formation of man from the womb teaches that the natural spirit is communicated from the heart to the liver, for it is sent by the arteries joined to the veins through the umbilicus of the fœtus itself, and in the same manner afterwards the arteries and veins are always joined in us. In the heart, in the first place, rather than in the liver, God breathed life ( * ), and from thence it was communicated to the liver.

By inspiration through the mouth and the nostrils life is truly induced; but inspiration tends to the heart. The heart is the *primum vivens*, the fountain of heat in the centre of the body. From the liver it draws the liquor of life as a material, and in return vivifies it; as the aqueous fluid supplies matter to the superior elements, and from thence connected with light is vivified in the forms of vegetation. From the blood of the liver (p. 170) is formed the material of life, by the wonderful elaboration which thou hast now heard. Hence it is said that the life is in the blood, and that life itself is blood or a sanguineous spirit. It is not said that life is principally in the walls of the heart, or in the substance of the brain, or in the brain, but in the blood as God himself teaches: Genesis ix. Lev. xvii. Deut. xii.

In relation to which matter it must first be understood the substantial generation of that vital spirit which by the inspiration of the air, the most subtle blood is composed and nourished. The vital spirit has its origin in the left ventricle of the heart, the lungs principally assisting in its production. It is a fine spirit elaborated by the force of heat, of a pale yellow colour ( * ) as it were by the power of heat, from the purest blood a lucid vapour containing in itself the substance of water, air, and fire.

It is generated by a mixture made in the lungs, of the inhaled air with

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* At the places here indicated, part of the sentence was omited, so as not to affect the sense as it was found impossible to arrive at the true meaning of the author.—*Trans.*

the subtle elaborated blood, which the right ventricle of the heart communicates to the left; but this communication is made, not through the middle wall of the heart as is commonly believed, but by a great contrivance from the right ventricle of the heart by a long way through the lungs; the subtle blood is agitated, it is prepared by the lungs, it becomes yellow, (*serum?*) and from the arterial vein (*pulmonary artery*), it is poured out into the venous artery, (*pulmonary vein*), then in the venous artery itself, being mixed with inspired air, by expiration it is purged of fuliginous matter. And thus at length the whole mixture is drawn to the left ventricle of the heart by the diastole, an appropriate contrivance, that it may become vital spirit.

The various conjunction and communication of the arterial veins with the venous artery in the lungs teaches, that this preparation and communication is thus made by the lungs. This is confirmed by the great magnitude of the arterial veins (*pulmonary arteries*), which neither such nor so great would have been made, nor such an abundance of the purest blood from the heart itself would have been poured forth into the lungs for their sole nourishment. Nor could the heart have rendered this service to the lungs, when especially in the fœtus the lungs themselves were wont to be nourished from another source. It is also confirmed by those little membranes or little valves of the heart (p. 171) which are not opened until the hour of birth as Galen teaches. The blood is therefore poured so copiously from the heart into the lungs at the hour of birth for another purpose.

From the lungs to the heart also, not air alone, but air mixed with blood, is sent through the venous artery (*pulmonary veins*), the mixture therefore is made in the lungs. This yellow colour is given to the spiritualized blood by the lungs, not by the heart. In the left ventricle of the heart there is not room for so many and so copious mixtures, nor is it calculated for the elaboration of this yellow colour. Lastly, the middle wall of the heart, as it is destitute of capacities and ducts, is not adapted to that elaboration and communication although it might allow something to exude.

By the same contrivance by which in the liver the transfusion is made from the vena porta to the vena cava for the purposes of the blood, the transfusion is also made in the lungs from the arterial vein (*pulmonary artery*) to the venous artery (*pulmonary veins*), for the purposes of the spirit. If any one will compare this with what Galen has written, liber 6 and 7, "de usu partium," he will fully understand the truth, though it hath not been adverted to by Galen himself.

The vital spirit therefore is transmitted from the left ventricle of the heart through the arteries of the whole body, in order that the part which is the finest may ascend where it may be still more elaborated, particularly in the reteform plexus situated under the base of the brain, in which from vital it begins to become animal as it approaches the proper seat of the rational soul. Again, that fiery path of the mind is more strongly attenuated, elaborated and perfected in the finest ducts or capillary arteries, which are seated in the plexus choroides, and contain the mind itself: these plexes penetrate all the internal parts of the brain, and inclose internally the ventricles of the brain themselves, those ducts being complicated and woven in with them even to the origin of the nerves. In order that the faculty of feeling and moving may be induced in them those ducts though of a wonderfully attenuated construction, (although they may be called arteries), are nevertheless the extremities of arteries tending to the source of the nerves by the interposition of the meninges; this is a sort of new kind of ducts. For as in the transfusion from the veins to the arteries, there is in the lungs a new kind of duct proceeding from the vein and artery, thus in the transfusion from the arteries to the nerves, there is a certain new kind of ducts proceeding from the coats of the artery to the meninges, as especially the meninges themselves furnish their coats to the nerves.

CASE OF AXILLARY ANEURISM, (from the reduction of an old luxation of the shoulder joint,) in which the subclavian artery was tied. *By* WM. GIBSON, M. D. *Professor of Surgery in the University of Pennsylvania.*

THERE are perhaps few who are, in any tolerable degree, familiar with the misfortunes and disappointments inseparable from the practice of surgery and physic, who would refuse to unite with the gentlemen in the commendation, bestowed on professor Gibson for his "candour and independence," in publishing this case, although an unfortunate one. We would hope, however, for the honour of the profession, that concealment of unfortunate cases has not been so common as to constitute one of the prominent sins of a body so long conspicuous for their philanthropy.

Indeed, a large portion of the improvement in modern surgery, as might have been expected, has originated in public institutions—and these being under the observation of the faculty, in large towns concealment cannot easily be practised. For ourselves we most willingly join in the award of merit to professor Gibson, in the present case, by his professional associates. But however great may be the merits in regard to publicity, or execution as an operator, we deem it proper, nay a duty, we owe the profession, to offer some remarks upon the principles by which he was governed.

We trust it will be conceded that cases placed on record must be, in some way, intended for the edification of the profession; and that they are always subjects for examination, and dispassionate criticism. We think it not only allowable, but a duty which we, as members of the profession, owe each other, more particularly to examine the publications of those placed in conspicuous and responsible stations, with the eye of criticism; and suggest for consideration views growing out of candid and liberal investigation.

The luxation before us had existed nine weeks, and had been occasioned by a violent fall. Attempts had been made, at four different times, to replace the bone. The man by "*trade*" a labourer—"was accustomed, when at work, to the use of a pint of spirits daily."

"On the 6th of March, 1828, he was admitted into the alms-house infirmary, and placed on low diet, and the antiphlogistic treatment.* He was bled regularly to the extent of ℥x. daily, kept on barley-water, purged occasionally, had the shoulder carefully rubbed with *oils*, and the arm *gently* moved, several times a day, in various directions."

Will it be doubted that a man who drinks "a pint of spirits daily" is an intemperate man? May we not be permitted to doubt the propriety of subjecting a toper to so extremely exhausting a plan of treatment. To many habits, we would think, such treatment imminently hazardous; and are wholly at a loss to know its object. We are not theorizing, we have tested the safety, and fitness, of a very different procedure in many cases of old luxations. Take your patient in his best, and most vigourous health, and bleed him ad deliquium animi, after adjusting your apparatus, and we will answer for it, you will afford your patient the best chance of relief with least suffering or interruption of his health. If there be a want of health, treat your patient on general principles; and when he can come forward with manly vigour, and a spirit sustained by suitable tone of fibre, you prepare him at once by the abstraction of blood. Sometimes antimony may be brought to second your intentions, but we would object to giving it in excessive doses.

We have no particular objections to rubbing the shoulder, several times a day, "*with oils*," but *why* and *wherefore* it was applied in the present case we cannot discern.

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* The patient was bled, purged, and kept on barley-water alone, for four or five days previous to the operation.—[*Alms-House Students.*]

"The arm was *gently* moved several times a day in various directions." May we ask what could be the object of such movements of the arm? If the attachments were such as to require the power of considerable extension, by means of pullies, we should not imagine that they would be, in any degree, broken up by those gentle movements. Any movements short of this effect could only serve, more or less, to disturb the capillary vessels of the part, and thus lead to irritation, inflammation, and consequent congestion. The great axillary vessels being necessarily put out of their ordinary situation would be easily fretted, by any considerable movements, and thus made to inflame, thicken, and contract in length—this would increase the risk of rupture. Upon the whole, as no possible good could grow out of any movements, impressed upon the injured parts, except with a view to immediate reduction, we would solemnly admonish the young surgeon to refrain from irritating the structures connected with an old luxation about to be reduced.

It is remarkable, that although this case has been reported, with a good deal of detail, not a word is said respecting the nature of the derangement of parts. Was the luxation backwards, forwards, primitive, consecutive, &c. this deficiency in the diagnosis is the more to be regretted, as Doctor Hall, in his account of the dissection says, "the walls of the true aneurismal sac were of so compact a structure, and its boundaries so well defined, that the conjecture of its having existed previously to the reduction of the bone, and that its rupture was a distant and subsequent event, is rendered probable." Are we to infer from this omission to notice the diagnostic signs, that so little attention was paid to this important point that an aneurismal tumour might have been overlooked in the axilla. We deem this a matter of the first importance, since the judicious and experienced surgeon will devise the means for reduction according to the relative displacement of the head of the humerus, with the centre of the glenoid cavity; and will, also, be governed in deciding upon the propriety of reduction in old cases, more by the nature of the injury than the duration of the luxation.

Both these positions will be illustrated and sustained by the following cases. A man aged upwards of 50, presented himself at the Baltimore hospital, with a luxation of the humerus at the shoulder, of some months duration. There was no soreness nor swelling, the glenoid cavity could be distinctly felt; the head of the bone lay in some degree under the pectoral muscle.—In short, I had no doubt of the practicability of replacing the bone. But, upon extending my examination a little further, I discovered the radial arteries slightly ossified, and, therefore, declined any attempt at reduction. The inquiry, then, is not how long has the luxation existed, but, what is the true character of the derangement, and the concomitant circumstances of each case present for consideration.

A muscular man, aged about 30, came to my house with the head of the humerus luxated into the axilla, no consecutive movements having taken place. The injury had been received two or three hours before my examination—attempts had been made, by a physician of eminence, to reduce, without success. Having in a great number of cases reduced this dislocation, by means of my heel in the axilla, and feeling, perhaps, too confident, I directed my patient to lie down on the floor, and exerted all my skill and strength to no purpose. I now examined the parts, with redoubled care, and found that the head of the humerus lay posterior to the central line of the glenoid cavity—I placed the patient on his belly, and renewing my efforts, with the heel acting, from behind forwards, I readily succeeded in the reduction. This case shows how truly important it is that we attend well to the diagnosis; and yet, let me repeat, we are left totally in the dark, by professor Gibson, on this point, and can, therefore, form no opinion as to the adaptation of his means of reduction to the ends in view.

It seems proper to remark here that the method by the heel, which will be found the readiest and most certain in most cases, should not be employed in the female—delicacy will often forbid, but a more serious objection grows out of the risk of bruising the breast—a structure much disposed to scirrhus. I have lately reduced a luxation of five weeks standing, by means of the ring, noticed in the case of Joshua Harris, Med. Recorder, vol. viii. page 12. The subject a young lady from the country.

Nothing can be more important in examining luxations than to ascertain whether there be fracture—serious consequences may result, even in recent cases, from carelessness, or want of skill in this respect. An experienced surgeon will not fail to decide correctly on this point, and, indeed, most patients will feel sensible of the crepitus, provided suitable movements be made for that purpose. In old fractures this is particularly to be attended to, since the fragments may wound the blood vessels, and in addition to this risk, there will always be so much contusion of parts and movements of the fragments of bone, as to lead to inflammation and impairment of the vascular tunics.

In old luxations we should also particularly attend to the direction of our extending forces. It is obvious, that if there is most risk of rupture of the vessels in this class of luxations, that it must be owing to some attachment, to the presence of a fragment of bone, or to some disease in the vascular structures, and therefore we should carefully avoid extending the arm in such directions as will have the effect of stretching the vessels. If we examine all the circumstances of the case, in their medical bearings, we shall find, that whether we extend the arm in the direction posterior to the central line of the side of the body, or obliquely downwards, or at a right angle with the body, by pulling the head of the bone off from the thorax, we must increase the distance between the point of the rib where the artery crosses and that point of the arm where the axilla terminates, consequently the blood vessels are liable to extension. The forces which we employ should therefore be so directed as to obviate this state of things. This may be accomplished, in a great degree, by drawing the arm forward in respect to the central lateral line of the body, and keeping it at a right angle, or rather a little upwards, supposing the patient to be seated.

We would recommend the following apparatus as well suited to the fulfilment of our views. Fix a strong beam of timber horizontally across a room, at the height of the patients shoulders when seated on a chair—let a slight incurvation be made into the wood; line this with a suitable cushion, or a common pillow. Then pass straps of girting under both arms, first connected with a cushion of buckskin stuffed with cotton to protect the axilla. By means of these passed over and under the shoulders, the shoulders are to be closely drawn against the beam, and the straps kept from moving by passing them through staples on the posterior side of the beam. By this contrivance the patient will be immoveably fixed. Nothing is now left to be done but to apply the common extending forces—directing the arm towards the central line of the body, and carrying it a little upwards. The patient not being able to change his position at all, and the counter-extending force being also fixed, the extension may be directed with greater certainty, and graduated to suit the circumstances of the case—the space through the axilla being thus rather diminished than increased, the arm may be extended so as to bring the head of the bone opposite the rim of the glenoid cavity, and should now be thrown up by a knee placed in the axilla, without elongating the great axillary vessels.

We are told that extension was kept up "half an hour," at different times—"one hour and three quarters were employed in the reduction." We would not find fault with the circumstance of a little more or less time being employed in a surgical operation; on the contrary precipitation is re-

plete with danger, but our experience is directly and strongly opposed to a continued extension of half an hour in the replacement of a disjointed humerus. If your patient is bled to syncope, which is frequently essential, the reduction is best effected during that state. We have often reduced the most intractable luxations of recent occurrence, almost momentarily, upon inducing fainting. As regards attachments in old luxations, it must be well known to every experienced surgeon, that they are always suddenly loosened—by a snap; and of course the vessels, nerves, &c. will be suddenly elongated if that is to take place in the reduction. So that it is perfectly idle to talk of a gentle and gradual extension of such parts. We are aware that the muscles may be made to yield by gentle extension continued, but as regards attachments, there is nothing effected till your force tears them up; and it matters not, as to the safety of the vessels and nerves, whether it be done in a minute or an hour; but as regards the sufferings of the patient, there is a vast difference. The question here is not how much time you should employ in breaking up attachments, but that the force be measured, so far as not to make it dangerously violent, and thus rend parts which may endanger the limb or life of the patient. It will often happen that your forces must be varied, so that the operation of reduction is made up of several steps, each of these may occupy a few minutes.

Considerable difficulty having been experienced in the attempts at reduction, "twenty ounces of blood" were drawn from the arm without inducing syncope. "To bring about, if possible, this state of the system, twelve grains of tartrite of antimony, dissolved in four ounces of water, were ordered and gradually given, without producing any other effect than slight nausea." We have here a man of intemperate habits, not only deprived of his usual stimulus, but starving four or five days upon barley water, daily bled, also purged occasionally, who does not faint upon losing 20 ounces of blood, and will not fall prostrate under the effects of 3 or 4 ordinary doses of tart. antim. This is what we would in general expect; reduce the system by the gradual abstraction of food, blood, &c. and the circulating powers will accommodate themselves, so that it ought not to have been expected that such a patient would have fainted from the loss of 20 ounces of blood. If your patient comes to the operation with his vessels well filled, and his heart braced up to a vigorous state of action, we shall seldom experience any difficulty in producing syncope.—Abstract from 30 to 40 ounces of blood from a large orifice; or bleed from both arms, and let your patient stand up.

It is well known that most topers are liable to dangerous debility of the alimentary tubes, from the use of emetics or purgatives. This patient we are told was "smartly purged" by the antimony. "In other respects he said he was comfortable, and slept, during the night, without an opiate." Comfortable sleep, and smart purging from 12 grs. of tartrite of antimony we consider somewhat marvellous. If ever a poor fellow needed an opiate it was Langton after the reduction of his shoulder—we do not intend to censure what is past, but would forewarn the young surgeon from ever leaving a patient to the effects of a large dose of tartar emetic, without providing some restraint against its excessive action.

The day after the operation, "at 8 o'clock in the morning," it was discovered that aneurism, or at least a pulsating tumour, existed about the part operated on. This swelling was suffered to increase till 3 o'clock in the afternoon of the next day. If it was proper to tie the subclavian artery, it ought to have been done immediately, or left till a much later period; but we shall have occasion to speak of this more fully hereafter.

Professor Gibson having laid bare the subclavian artery where it crosses the rib, attempted to pass under it "a blunt needle, armed with a *strong round ligature* made of *Saddler's silk*, fixed in Physick's forceps; but the

needle broke, near its eye, in the act of passing it beneath the vessel." Let us, for Heaven's sake, have some fixed points in surgery—as matters now stand, almost every important operation gives rise to some new instrument. It has for many years past been the pride of many of the profession, that our countryman Physick had rendered us an improvement, in his aneurismal forceps, which did honour to his country; and for ourselves, we speak from ample experience and give it as our opinion, that it is vastly superior to every other instrument which has been presented to the public. All the difficulties attending its use are attributable to some fault in material or workwanship, or want of tact in the use of the instrument. Let your forceps be of proper strength, let the curvature of the chops correspond with that of the needle—the needle of steel, not tempered, and eye small; and pass the needle with the eye foremost. It is also essential that the chops of the forceps be deeply grooved, so that the needle will not slip off to one side, and elude the grasp of the forceps. With proper attention to these circumstances we boldly aver, that no instrument so simple and well suited has been made.

What could have induced Professor Gibson to sin against all light and truth, in using "a *strong round*" ligature, made of "*Saddler's silk.*" We are strongly reminded here of what has been well said in our profession, that "striving to support an error, is striving to become more ignorant." The valuable properties of the animal ligature, introduced by our countryman Physick, and the professional friend of Professor Gibson, are already written in marble, yea, engraven in tablets of gold, and are rapidly finding their way to the hearts as well as the heads of the profession, wherever surgery is understood as a science; while *round ligatures* of *Saddler's silk*, and *such like irritating substances*, will soon be consigned to the neglect that attends the many pretty little instruments which so constantly find their way into public notice, to be seen and forgotten. If there is one important truth in medical science, it is, that the greatest improvement in modern surgery is the use of the animal ligature. And, is it thus we are to treat the greatest benefactors of mankind in our profession; through sheer wantonness cast away their improvements, which should be made to shed a halo of imperishable lustre around the heads of those who toil, successfully, amid the rubbish of the mine; and there learn to turn things valueless into things more precious than the diamond. But to speak out more plainly, if the reader will look into the Medical Recorder, for 1826, he will find such convincing proof of the value of the animal ligature, that Professor Gibson's not using the ligature of Physick in traumatic hæmorrhage, must appear strange indeed.

A ligature was made to surround the artery, and "*three firm knots*" made on the vessel. That three hard knots should be made on a round silk cord to close a soft fleshy tube, argues no little against the soundness of the views of the operator. The merest pressure upon a naked artery will restrain the circulation of blood—why these firm knots and strong cords to secure so feeble a structure as an artery. That such procedure is well calculated to prevent healing, by the first intention, requires, in the present day, no proof—if any were required, we have it in what Dr. Hall has recorded in his account of the dissection. Examining the artery where it had been tied "the internal coats of the vessel were found *completely divided*, but no traces of coagulum could be observed above the ligature, nor was there any vestige of coagulable lymph, or any approach to adhesion." Has it not been abundantly proved, that a wound made for tying an artery, where the animal ligature is properly applied, heals mostly by the first intention, and always in a few days. But introduce a hard cord, cut the internal coats, and bruise well the outer; and add *three hard knots*, then hang one or two cords out of the wound that they may keep asunder and irritate the wound,

and you may always secure the state of things found by Dr. Hall; *i. e.* that a wound made on the 15th of the month was in no degree healed on the 23d, a period of eight days; but the wound "filled with an offensive sanies, and exhibiting no tendency to healthy granulations."

Professor Gibson has collected a number of interesting cases of old luxations, some of which were safely reduced. He might have seen two cases reported in the Medical Recorder, vol. viii.; one of which was a public case, and certainly one of the most interesting on record.

In looking at the splendid drawing which accompanies the report of Langton's case, we are struck with the astonishing fact, that the axillary vein is cleanly dissected out, and not one word said respecting the vein from one end of the narrative to the other—the artery was surrounded by a ligature, the subject injected, carefully dissected, and not one word about that which stands so conspicuous, as that, without its integrity, the issue must be disastrous—with its integrity, we can have little to fear, provided the extending forces are directed with discretion, so that the nerves, muscles, &c. are not torn. Will any surgeon undertake to say he can preserve an arm after its axillary vein is destroyed. It is true we have no intimation of the veins being injured, we have a right to presume it was; and if so, no other termination than death could have been expected. But let us for argument sake admit that the vein was sound, can we excuse the Professor from a charge of dangerous omission, in leaving us in the dark respecting this point, so vitally important. Besides, if the vein was sound, and if we admit the propriety of trying to save the arm by tying the subclavian, a very different practice to that adopted should have been employed. If it was proper to tie the artery early, it should have been done instanter in preference; if this was accidently prevented, and the surgeon chose to tie the artery the second day after rupture of the vessel, the sac should have been opened, and the coagula carefully removed from about the vein. Omit this, and there is danger that blood surrounding the vein, as it coagulated under pressure, would close *in* the sides of the vein; and the returning circulation being extremely feeble from the scanty arterial supply to the arm, would increase the tendency to closure of the vein—this closed, destruction awaited.

For ourselves we are decidedly of the opinion that if it had been proper to tie the subclavian, this was one of those cases in which we should have waited to see what nature could do, and how far the structures, upon which the success of an operation must depend, could be relied on. The presumption was that as the artery was torn the vein was injured also—recovery depended essentially on the integrity of the vein, a little time would decide this point—besides, we should apprehend injury of the nerves, perhaps to a dangerous extent as regarded the arm. Moreover, it was to be feared that all the arteries were more or less affected, and the injection not passing into the arm as might have been expected, as has been stated by Dr. Hull, increases the presumption that even the arterial derangement was such as to endanger the arm; but, more especially so when we associate with this circumstance more or less interruption in the venous circulation, and disturbance in the capillaries from nervous impairment. All these circumstances duly weighed leaves no room for doubt, that the operation ought to have been delayed—and, in addition to all we have said, delay would have served to establish a more free circulation of arterial blood by anastamosis.

We are fully sensible of the impropriety of speaking in matters of the kind before us, on any other ground than that of experience—our experience does not support us in what we have to say in favour of amputation, but we venture to offer our opinion that it ought to have been performed in the case of Langton, at the shoulder joint. Here is a case with the artery torn, the nerves and vein of the axilla more or less injured, the muscles fasciæ, cellular structure, lymphatics, glands, capillaries, all violently in-

jured, and how is the arm to be sustained. It is true this may not always be the case, but the safety of the patient here will depend upon the judgment of the surgeon. The safest error is to amputate at the shoulder, and save your patients' life; where the presumptions are favourable, wait and you will soon ascertain whether the arm can be sustained. If the anastamosing arteries fill the radial, your patient would be a suitable subject for tying the subclavian. If on the contrary we have loss of sensibility to any great degree in the arm, œdema supervenes, with coldness; accompanied with unfavourable expressions of the general system, we must amputate or lose our patient. We believe the following experiment would greatly aid our prognosis; make an incision of moderate extent on the fore-arm through the integument, if it takes on inflammation tolerably healthy, your patient may do well; if the great axillary vessels, veins, and lymphatics, and the nerves, are very seriously injured, the capillaries of the arm will be found so much disturbed in their function that the wound will assume an unfavourable aspect, and give a tolerable indication of the resources upon which the life of the arm is dependent.

We do not wish to be understood as expressing one word disapprobatory of the undertaking to relieve this case, on the contrary we approve the motives and the attempt to relieve a fellow creature from the deplorable situation in which Professor Gibson found Langston—neither have we any disposition to object to any thing relating to the reduction; it appears to have been conducted with all the care and gentleness of which the case admitted; but we need not tell the reader how much we differ as to the general treatment of this case, nor point out the singular combination of errors of judgment—these have been set forth in our review. We have therefore merely to say, in conclusion, that it is because we believe, that both the principles and the practice, involved in this case, are unsafe in the hands of the younger members of the profession, that we have ventured thus freely to examine and to request an impartial reading, that each one may reflect and decide for himself; for, at such an hour as he may not expect, he may be called to a decision upon which the issues of life or death may depend.

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3. American Medical Biography, or *Memoirs of eminent Physicians who have flourished in America. To which is prefixed, a succinct History of Medical Science in the United States, from the first settlement of the country. By* James Thacher, M. D. *Two volumes in one,* 8vo. [Vol. 1, p. 436; vol. 2, p. 280. Richardson & Lord, and Cottons & Barnard, Boston, 1828.]

The venerable Dr. Thacher, one of the few surviving patriots who took an active part in the glorious and trying struggle for our national independence, since the disbanding of the army of the revolution, in which he was distinguished in the medical and surgical department during nearly the whole war, has been no less active in his exertions in the cause of medical science and humanity, and in his efforts to improve and sustain the literary and scientific reputation of our country. The American New Dispensatory, the Modern Practice of Physic, and the Military Journal, are well known, and their merits duly appreciated, his professional works having a place in every well selected medical library. This veteran author and physician, though arrived at his 75th year, happily exempt from most of the infirmities of age, still retains an uncommon vigour of body and mind, and has now favoured his profession and the public with two volumes of American Medical Biography.*

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* This is fitted for a popular work, and as well adapted to the general reader, as the physician.

The great difficulty in such a work as this consisted in collecting the information, the materials of which were so scattered and disjointed, as to make it an Herculean task to concentrate and arrange them, in such a manner as to produce an interesting and correct system of medical biography. But persevering industry, joined to the ardour and patriotism which was so common to our revolutionary characters, has enabled our author in a good degree to surmount most of the difficulties, and to present the public with one of the most useful and interesting collections of biography which has ever issued from the American press.

It is not our intention to analyze or criticise the work. Many omissions of names of merit must necessarily be found in a first attempt of this kind; and it is not easy, in all instances, to select those which are the most proper to be recorded and transmitted to posterity. The compiler himself appears to have been fully aware of these circumstances, and considers his work as only an essay rather than a complete biographical record.* His facts, as far as the subject admits, are drawn from the most respectable and authentic sources, and many of the articles which he has selected, (not that there is a paucity of original matter) are the productions of some of the ablest pens of our country.

In the account of the early and the present state of the practice of physic and surgery in the United States, which is prefixed to the biography, the sketches of the medical history of Massachusetts, New York, and Pennsylvania, appear to be compiled with avidity and accuracy, and merit the particular attention of the reader. The articles upon Maryland, Virginia, South Carolina, and Connecticut, though more brief, and necessarily so as they afford less matter, are nevertheless interesting. But scanty materials appear to have been afforded from the other states, though their medical schools are all noticed, and lists are given of the professors of all the institutions of the country. As respects living writers and practitioners, our author constantly exhibits the most harmonious and benevolent feelings, and perhaps in some instances, private friendship may have induced him to pay more flattering compliments than modest merit would wish to receive. We have, however, no disposition to censure an imperfection, if it be such, which can only proceed from the very best feelings of the human heart.—Dr. Thacher has never belonged to the *genus irritabile*, has always been averse to medical controversy, and has ever been inclined to do the most ample justice to his cotemporaries. The whole work evinces his revolutionary patriotism, his veneration for his predecessors, and his disposition to exhibit the most estimable parts of their character for the benefit and emulation of their posterity.

In conclusion, we will only remark, that the community is under much obligation to Dr. Thacher, for his efforts to rescue from oblivion the names of those worthies who so successfully laid the foundation, to which the medical science of our country is indebted for its present flourishing condition, and we make no doubt, that this very valuable and interesting work will have an extensive circulation, and receive a liberal patronage from an enlightened, generous and patriotic public.

As a specimen of the work, we select the life of Dr. Lemuel Hopkins, who was considered as one of the first wits and satirists of the last century, as well as one of the ablest physicians of his day, but whose memory, in

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* The number of names is however very extensive, being, we should imagine (we have not counted them) about two hundred, comprising all the very distinguished physicians who have practised in the United States, and all our principal medical authors who are deceased. In the view of the medical state of our country, the names of most of the principal living authors are mentioned.

consequence of the want of a proper biographer, is almost extinct in most parts of the United States. In rescuing this and many other names, perhaps equally meritorious, from oblivion, this work throws much light upon several parts of our literary and political, as well as our medical history.*

Dr. Lemuel Hopkins, M. M. S. S. Hon. From the time of the Hon. Edward Hopkins, one of the early governors of Connecticut, the name has been frequently distinguished by several men of eminence. A branch of the family removed from Hartford to Waterbury in 1680, in which town, in the parish now called Salem, Dr. Lemuel Hopkins was born June 19th, 1750. The Rev. Samuel Hopkins, D. D. the distinguished theologian, was a native of the same town, and a cousin of his father's Dr. Lemuel Hopkins began the study of his profession under Dr. Jared Potter of Wallingford, and afterwards pursued it with Dr. Seth Bird of Litchfield; after having practised some years at Litchfield, he removed to Hartford, where he continued in practice during life.

He was the most distinguished pupil of his two eminent instructors, being among the first physicians of the state, if not at the head of his profession, for several years previous to his death. In addition to a full practice in Hartford, he was extensively employed in consultation, and had a greater reputation in chronic diseases, more particularly in the early stages of phthisis pulmonalis, than any practitioner of his vicinity. He was possessed of a great originality of genius, and had a peculiar facility of investigating the causes and seats of obscure diseases, the events of which generally proved him to be uncommonly correct and discriminating upon these subjects. It may with justice be remarked that he sustained the highest reputation, both in the theory and practice of medicine, of any physician in his county, or perhaps in the state. The eccentricities of his character were peculiarly striking. He possessed strong confidence in himself, and a talent to inspire the same in others; he had a just sense of the influence of the mind upon the body when either was particularly diseased, and often remarked "a wounded spirit who can bear." To obviate this he uniformly administered comfort and consolation, and even hope, as long as life remained.

In his person, Dr. Hopkins was tall, lean, stooping, his countenance strongly marked, his features large, eyes light, limbs uncommonly long, yet in his youth he was very muscular and strong. He was for a short time in the American army as a volunteer, and at one time some of the officers were attempting to fire a king's arm held in one hand, and extended at full length; all failed in the attempt, but Hopkins on trial was completely successful to the astonishment of all present.

Dr. H. was one of the founders of the Medical Society of Connecticut, and while he lived, was an active and useful member of it. He received the degree of Master of Arts from Yale College in 1784. He was indefatigable in his literary and scientific labors, his knowledge was very extensive, his mind highly cultivated, he was not only thoroughly read in the best writers of his profession, but in those of the arts and sciences and modern literature generally. His memory was remarkably strong and retentive; he could quote every writer he had read, whether medical or literary, with the same readiness that a learned clergyman quotes his bible. So familiar to him were the great English poets, that he would entertain his friends by repeating their more interesting writings; the works of Pope and Milton were his particular favorites. His powers of abstraction were uncommon; he not unfrequently sat up the whole night, when engaged in any subject that greatly

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* The work is embellished with about a dozen likenesses of distinguished physicians, which are very elegant specimens of the lithographic art.

interested him; his wife has said that she has frequently found him sitting in the same attitude and position in the morning, that she left him in on retiring at night.

On visiting a patient in the crisis of fever, Dr. H. found that her friends supposed her in a dying state; the father said to him "My daughter is dying, had I not better send for a clergyman?" "No," replied the doctor, "but you may send for the undertaker, and have her measured for a coffin." The father, indignant at the harshness of the reply, remonstrated in severe language for trifling with his feelings in this moment of anxiety and affliction. The doctor explained, "My meaning is, you may as well send for one as the other; if your daughter is left undisturbed, and allowed to be quiet, she will recover, or I will forfeit my reputation; but if you disturb her as you propose, she will in my opinion certainly die." The doctor's advice was followed and she recovered.

In acute diseases Dr. H.'s practice was efficient and energetic. He used the lancet, and antimony, and calomel and opium with a liberal hand. Whenever he became much interested in a case, his attentions were unceasing; denying all other calls he would devote his days and nights (often for many days in succession) to the case, and not unfrequently administer every dose of medicine with his own hand. In one case, about a critical period, he was suspicious that his medicines might require variation; he could not sleep, got up in the night, rode four miles to his patient, entered the room without uttering a word, felt his pulse and skin, made signs for him to put out his tongue, and left the house without speaking to the patient or nurse, being satisfied that he was better. Physicians previous to that day were in the alexipharmic practice in febrile diseases, but Dr. H. introduced the antiphlogistic regimen and practice. Being called to a child in scarlet fever, the little sufferer was loaded with bed clothes, the room heated, and every crack and key hole stopped; the day was pleasant in summer, Dr. H. was a stranger in the family, his personal appearance was ugly and uncouth; he entered the room in his usual unceremonious manner, his large eyes staring around, without uttering a word, he took the child into his arms, and proceeded hastily out of the house, and sat down with it under a refreshing shade. The whole household and neighbourhood followed, and threatened the doctor with broomsticks. He kept them off, however, and ordered wine to be brought, and soon recovered the child.

Dr. H., it is believed, fell a victim to the pursuit of an improper remedy in his own case; he was always apprehensive of pulmonary consumption. After exposing himself to cold, he was attacked with pain in the side; he was bled repeatedly, notwithstanding the opposition and remonstrance of his medical friends, lived upon the lowest diet, and took repeated doses of neutral salts. Unexpectedly a hydrothorax ensued, and proved fatal to him in a few weeks. He died April 14th, 1801, in the 51st year of his age.

The moral character of Dr. H. was irreproachable, and his whole life was distinguished for the practice of moral virtue. In early life, it has been said, he was an admirer of the writings of Voltaire, Rousseau, Volney, D'Alembert and other infidel philosophers, who flourished about the time of the French revolution. But a friend says, that in the latter part of his life he made the bible his particular study, and thought very favorably of the christian religion and its author. His friend by particular request passed the night with him when he died, and witnessed the ease and dignified composure of a great mind; his last words were, "God, who is the great author and governor of all things, regulates and controls all events; even the smallest as well as the greatest, are the objects of his care. It it as necessary for us to die as to be born, that we may fill all the changes essential to the perpetuation of our nature." He then paused, and said "let my family be called," which was done; after this interview, which was more tender and affectionate than can be described, he said "I have now finished

the last duties of life, lay me upon my bed and stay by me till I die." With the assistance of his friend he walked to his bed, composed himself in his last attitude and never moved again. Such was Dr. Hopkins; his life was full of incidents, full of usefulness, full of honor; he lived the admiration of his friends, he died, deeply and extensively lamented with the blessings of thousands resting upon him.

Dr. Hopkins was a star of the first magnitude in the constellation of poets and political writers, who were distinguished about the time of the revolution, and after that event. It is well known that from a few years previous to the struggle, to about 1800, several branches of literature, and more particularly poetry, were so much cultivated in Connecticut that the state was frequently, during that period, denominated the Athens of America. Among the most distinguished literary characters were the Hon. John Trumbull, the Hon. Joel Barlow, General David Humphries, the Rev. Timothy Dwight, D. D., Noah Webster, LL. D. the Rev. Nathan Strong, D. D. and Dr. Lemuel Hopkins. Beside works upon various subjects, which most of these gentlemen published with their names, Trumbull, Barlow and Hopkins, were the joint authors of the Anarchiad, a satirical work which contributed much to draw the attention of the public to the precarious state of the union, under the old confederation. They were probably assisted by Strong and Humphries, and perhaps by Dwight. Subsequently the doctor was associated with Richard Alsop, Esq. the Hon. Theodore Dwight, Mason F. Cogswell, M. D., William Brown, Esq., and several others. The Echo, Political Green House, many satirical poems, and several able essays in prose, where produced. This association, it is believed, were occasionally assisted by the Hon. Zephaniah Swift, the Hon. Uriah Tracy, the Hon. Tappan Reeve and many other public characters of that time. Out of Connecticut, they were generally known by the appellation of the *Hartford wits.* They were strong supporters of the administration of Washington, their efforts giving a tone to the public feeling and sentiment in its favour; and their influence was acknowledged to be very great with the literary and cultivated part of the community, not only in their state, but in all parts of the union.

Of the poetry that was exclusively written by Dr. Hopkins, the Hypocrite's Hope, and an Elegy on the Victim of a Cancer Quack, are the best known. He also versified the 88th Psalm in Barlow's collection, which has been much admired for its spirit and justice to the original. As he published nothing with his name, it is difficult to distinguish all the pieces that were written by him. The associates of Hopkins were a large proportion of the ablest men of the state and of the day. Under their exertions and influence, during the last quarter of the eighteenth century, Connecticut was the seat of the muses in the United States; and the political characters were also as prominent in the council of the nation. Previous to his death, his friend and one of his literary associates, Dr. Elihu H. Smith, published in one of the London journals a well written sketch of his life and character, which was republished in some of the periodical works of this country. Exclusive of this, it is believed, no authentic account of him has ever appeared. As a number of his friends and later associates still survive, his scattered works might yet be ascertained, collected, and published in a volume by themselves; and since, after Trumbull, the author of McFingal, he was the most eminent satirist of his day, they ought to be preserved.

Some of his poems may be found in the volume of "American poems;" one on Ethan Allen, the Hypocrite's Hope, and the Cancer Quack. The four most distinguished, that are nearly or quite lost, were his Political Green House, the Anarchiad, the Echo and the Guillotine. He left some manuscripts on medical subjects, and particularly one on consumption, which is too valuable to be lost; it is now in the hands of one of his medical friends. The Echo was published in a series of newspaper numbers; the Anarchiad in

twenty-four numbers, and the Guillotine in the newspapers of the day. Dr. H. has the credit of devising the plan of the Anarchiad; it is a political poem published by the "Hartford wits." Anarch, the evil spirit of the poem and the hero, was supposed to be the author of all the confusion and political jarring which was so much the order of the day, before the states had a confederate head. The object of the poem was to lash certain characters whom the authors supposed either too liberal, or too strict in their notions of government. The characters represented were the very men who figured in those times, and especially in Connectict. The speech of Hesper, the best specimen of serious poetry in the work, is preserved in the same volume of American poems with the Hypocrite's Hope and Cancer Quack; it was an address to the convention of 1787. These poems may be found in the periodical publications from the year 1786 to about 1798.

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4. *Remarks on the deleterious effects of the Fumes of Lead, by Dr.* N. Snead, *Washington County, Virginia.*

I am induced to present, within the limits of a letter, the deleterious effects of the fumes of lead on the system of children from one to six years old, as some cases have recently came under my observation. The cases afforded much novelty and interest, as I have seen nothing recorded on the subject of the protracted and almost imperceptible agency of the fumes of lead in producing fatal convulsions in children. The cases constituting the subject of the following remarks, have literally lived in an atmosphere impregnated with the fumes of lead, for some years; as the father of the children is a manufacturer of crocks; and subjects to the process of combustion from 50 to 100 lbs. of lead monthly for the purpose of glazing. From ignorance or inadvertance, his manufacturing apartment is adjoining his dwelling-house. I was called to see John Myars, crockmaker, in January, 1828, who was labouring under severe Colica Pictonum, obstinate constipation, with vomiting, violent pain around the navel, contraction of the abdominal muscles had continued for six days, the pulse was sharp and frequent, he was bled copiously, and the usual remedies in that disease resorted to, full doses of calomel and opium, followed by Ol. Ricini and Ol. Terebin, with the use of enemas, brought on copious purging; a blister was applied to the abdomen, and the purgatives and opium continued a few days, effectually removed the cholic, though a tremor of the hands and arms continued. I ascertained from the family that three of the children had died from fits, some time previously in rapid succession. The idea that the convulsions were produced by the chemical change of lead, effected during its combustion, was immediately suggested. I consequently apprized Myars of the perilous condition to which he and his family were continually exposed from the proximity of his factory to his dwelling-house. In a few days after the recovery of Myars, I heard of the death of two more of his children by convulsions, I did not see them, they were visited by a physician in the neighbourhood. They died within 24 hours of each other, the convulsions destroyed the youngest, who was in its third year, in 10 hours from their accession—the second aged six years, died in 30 hours from the commencement of the fits. The three first that died, were from one to six years old. The whole muscular system of animal life was violently convulsed, the intervals between the convulsions, were from 15 to 20 minutes; for some time before the accession of the fits, the children were harrassed by severe spells of vomiting, their complexions were pallid and sickly, with an appetite very much depraved. Two or three days after the death of the last child, I was called to the wife of Myars, who was seized with a tremor of the whole muscular system, her strength was much prostrated from a hæmorrhage, that took place 4 or 5 weeks previously, at the birth of her child. On the slightest motion of her limbs, they were thrown

into the most violent tremors, her tongue was in an incessant tremor, so much so that she articulated very indistinctly, and with great difficulty; her pulse was 80 in a minute and soft, the bowels had been constipated for some days. Purgatives, blisters to the neck and spine and stimulant frictions were prescribed, a convulsion came on a few hours after I left her. On my second visit, she was much better. Mercurials, blisters to the spine, frictions and antispasmodics seemed to offer the best resources in this anomalous form of disease. As I lived at a considerable distance from the residence of the patient, I was not called on again in the case; she died in two weeks afterwards. I was informed by an intelligent individual, that a few days prior to her death, that the tremors increased to such a degree as to approximate to real convulsions.

The prejudicial influence of the chemical product of lead on the human system, is notorious to the profession, such as cholic, paralysis, tremors, contractions of the limbs, &c. I therefore have no hesitancy in saying that the convulsions with which those children died, were inevitably produced by that metal, particularly when we take into consideration the great predominance of organic and animal sensibility, appertaining to the system of children over that of adults; and thus we perceive from this physiological difference the poisonous influence of the chemical changes of lead producing convulsions in children, whilst its deleterious manifestations present themselves in adults by contractions, tremors, &c. which are nothing more than approximations to convulsions. Mrs. Myars certainly died from the same agency; the debility produced by the profuse hæmorrhage at the birth of the child, so increased the irritability of the system, as to favour the developement of the effects of the lead that had been lurking in the system probably for months.

As the organs of animal life seemed to sustain principally the whole force of the disease in those patients that died, we are led to the induction, that the irritation was primitively seated in the brain and spinal marrow, and it is probable that if the remedial course had been prosecuted in the case of Mrs. Myars, she would have recovered. Though on my leaving the patient, the prescription was immediately abandoned.

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5. *Observations on Dysentery, by* THOMAS WORTHINGTON, M. D., *of Hartford County, Maryland, in a letter to the Editors of the Recorder.*

DYSENTERY has been more or less prevalent every summer, within the limits of my practice for 12 or 15 years past, and in some seasons attended with considerable mortality. Several years ago I became acquainted, thro' Dr. Thomas Bond of Baltimore, with a remedy which on trial I found to be far more efficacious than any I had heretofore used in common routine practice. From several circumstances attendant on its discovery, and the advantages with which it was administered, I have not entertained a doubt of its being the identical article, used for so many years with unexampled success by the late Dr. Richard Sappington of this county. It is the *vitrum antimonii ceratum*, very nicely prepared, and used in much smaller proportions than was recommended by Cleghorn, Marcklin or Pringle. It is given in doses of 1 gr. about every four hours, and its action determined to the bowels and skin, by diluents, and an occasional dose of a few grs. of *mercurius dulcis*. This preceded by an emetic, and assisted by demulcent and mucilaginous drinks; and sometimes by bleeding, enemata, fomentations and blisters constituted the outline of treatment, for several years in my neighbourhood, that was attended with unfailing success. In the year 1825, however, I had the mortification to find that it failed entirely, except in those mild cases which were almost or altogether unattended with fever. But the disease, this year, in most instances, appeared to assume a new

aspect, and in the hands of the successors of Sappington, as well as my own, it could not be arrested in its progress, by this, or any other mode of treatment generally practiced. There was an early tendency to sinking of the system, this year, which rendered the use of antimony, ipecacuanha and calomel peculiarly inadmissible. I lost a promising boy, by an emetic of tartar, given on the second day of the attack; he sank under the operation. Another patient was lost in a few days after, in the same family and by the same means, administered by another physician. I heard of some others, who were lost in the like manner, by different practitioners of this and the adjoining neighbourhoods. An adult patient, a hearty man, for whom I had prescribed a scruple of calomel at the commencement of the attack, became so far exhausted by its operation, as to be affected in 30 hours afterwards with singultus, and other evidences of extreme prostration, from which it was impossible to restore him. Having been so completely disappointed in their effects, I at length laid aside the aforementioned medicines, trusting chiefly to the neutral salts daily administered, and anodynes for allaying irritation. About this time my much esteemed friend and former preceptor, Dr. Robert Archer, of this county, informed me, that he had for some time past been in the practice of using *camphor* with opium as an anodyne, by the recommendations of the late Dr. Miller of Cecil, and with the happiest effects. It was not long before many opportunities for testing this remedy presented, and with such results, as completely to justify the high encomiums bestowed upon it by Dr. Archer. From that time, I have given it, I believe, in every case of the disease I have met with, and have never yet, that I remember, had cause in a single instance, to regret having used it. A pill composed of 1 gr. of camphor and ½ gr of opium is administered every six hours, and the bowels preserved in a soluble state, by the daily use of pretty free doses of sulph. magnes. vel sodæ.* No doubt but there are cases to be met with, accompanied by inflammation and fever of such grade as would render the camphor as well as the opium inadmissible; but such I have seldom met with, and never, from the time above alluded to. Those in which I have administered it were mostly of the remittent variety, in many of which there existed a tendency to typhus, and in some, as described by Dr. Draper,† there was a rapid sinking and prostration of the system. How far the success attending this method of treatment will go to supporting the doctrine of the identity of this affection with rheumatism, as taught by Richter, Akenside, & Celius Aurelianus,‡ I shall not attempt to determine; but shall content myself with observing, that many cases of the disease, particularly in the year 1825, were succeeded by a metastasis of the affection to the muscles and joints, frequently shifting its position from one extremity or member to another. In such cases the greatest relief was afforded from applications of camphorated and anodyne liniments, keeping the bowels moderately open, and the skin constantly acted upon by some

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* "Every 6, 8 or 12 hours, according as the griping, tenesmus or frequency of stools, is more or less severe—taking especial care, that every 24 hours, two or three discharges from the bowels be procured by sulphate of magnesia, whose appearance, as respects the colour is natural. Without this precaution, the camphorated anodyne will not only fail in its effects, but in very many instances be injurious." The foregoing note was appended by Dr. Robert Archer, to whose inspection the above was submitted. T. W.

† American Medical Recorder, No. 40, p. 307.

‡ We would refer our readers to the highly interesting and valuable paper of Schmidtmann on Dysentery, translated by Dr. Miner, and published in this number, extra-limits page 217.

*Editors American Medical Recorder.*

gently stimulant diaphoretic. One other observation which I have made, it may be worth while to notice, viz when the disease is followed by diarrhœa, as it very frequently is, the camphorated anodyne is by far the most efficacious remedy I have ever tried. Astringent medicines, (as kino, &c.) I have experienced to be very apt to promote a renewal of dysenteric discharges. I may further observe, that some trials were made of opium alone, with a view to compare its effects with the opium and camphor combined: the difference was ever most strikingly observable. The one was like locking the thief in the house, to commit his depredations there, without controul or restraint; the other, supplanting him by skilful manœuvring, quietly disarming him of his weapons, and turning him out of the doors. I have now discharged a duty, in communicating what I have considered to be an important auxiliary in the treatment of a distressing disease; at the same time believing, that the complaint of Lipsius against critics, whom he charges with *making* faults, in their attempts to remove them, to be but too applicable now-a-days to some of the profession, who burthen their brethren with novel prescriptions, before sufficiently subjecting them to the test of experiment. *Ut olim vitiis (morbis) ita nunc remediis laboratur.*

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6. *We publish the following Extract of a Letter from one of our valued correspondents, and forbear at this time making any comments upon it—We trust our friend will soon give "form and figure" to the outline here presented, in order that the profession may be enabled to judge of the merits of the opinions he advances; and profit by the valuable practical facts, and inferences, which he may adduce in support of them. Eds A. M. Rec.*

*To the Editors of the American Medical Recorder.*

Gentlemen,—I will not trouble you with a detail of the progressive steps which have led to my peculiar views in physiology, as I purpose, at some more suitable time, to give the history in connexion with the matters themselves. All I wish is to have my claim fairly asserted, for whether my views shall be received as sane or visionary, as I have already taught them publicly, I wish to receive whatever of merit or demerit they may entail on the author.

The following brief outline will, I trust, enable you to comprehend the peculiarities of the theory.

*There are three systems of nerves:*

The first, those of sensation, arising from the cerebrum.

The second, those of voluntary motion, from the cerebellum.

The third, the ganglianic or great sympathetic, whose centre and source, or great secreting gland, analogous to the cerebum and cerebellum of the two former, is the spleen.

According to the order of nature this last ought to be first, because it exists in the lower order of animals, unprovided with the two former. This is abundantly evident from a review of natural history. There is no animal devoid of a sympathetic nerve, but a cerebellum and cerebrum is only appended to the vertebral animals.

The ganglionic system is not supplied with a spleen, until the increased duties of the digestive and nutritive apparatus for the supply of the superadded organs of voluntary motion, sensation and thought render it necessary.

The ganglionic system does not arise from the brain, but the brain may rather be viewed as arising from it: as the ganglionic is that which exercises secretion, and as the others are appendices to the more perfect animal, they may be considered as formed by the secreting power of the first formed

system. The difficulty with anatomists in determining the origin of the sympathetic nerve has been such as to force some to the conclusion, as they could not trace it from the brain after the manner of other nervous cords, that it was not a nerve; but the difficulty at once ceases, when we observe that its branches enter the brain at numerous points and mostly in company with the arteries; when we see that it divaricates in like manner at the pelvic extremity, and likewise in all parts of the thorax and abdomen, and that its proper centre is in the epigastric region, where we discover that it forms its principal plexus (the solar) and has its chief ganglia (the semi-lunar) over the spine between the crura of the diaphragm and in contact with the spleen, from whence it obviously arises in a thick coat or envelope around the splenic artery and branching off to form the solar plexus and thence radiates in all directions, but chiefly into its ascending or cerebral, and into its descending or pelvic position.

Setting out with such novel ideas concerning the very foundation of animal life, you will readily believe that they have led to the adoption of many other theories, or (if you please) hypotheses equally strange in every other part of the Institutes, consequently to a different rationale of the practice.

I was not led into this tract from the vanity of novelizing, but was forced to it from the insufficiency of all other theories to satisfy a wavering scepticism. My system may be absurd, it may be ridiculous, but if so, I am yet to discover its defects; but when I do, I shall not (if I know my own mind) be the last to throw it aside. At all events, it can not be worse than many of its predecessors, and I believe I can array so many facts and arguments in its favour, that the very means resorted to for their overthrow, will contribute to the enrichment of science.

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*7. To the Editors of the American Medical Recorder, in a Letter from* T. P. Hereford, M. D.

Delirium Tremens.—As there seems to be much difference of opinion amongst medical men in regard to the treatment of mania potu, or delirium tremens, I feel disposed to give you concisely my own opinion and practice in that deplorable affection, which is so frequently the direful result of a habit, alike destructive of the virtues and talents, the health and happiness of such immense numbers of the human family. From woful experience and a long and intimate acquaintance with the disease, and from much successful practice in it, I am most thoroughly convinced that there is but one plan that should be resorted to, and relied upon in all cases—and, that is neither the narcotic nor the emetic plan. Here it is, that the very thing (stimulus) which causes the evil becomes a remedy and its antidote. This may appear strange and paradoxical, but it is nevertheless an incontrovertible fact. Whenever called to a person in this state, I commence the treatment by giving the patient, according to the degree of violence of the attack, more or less stimulus. If there is much preternatural muscular strength, vascular excitement, and delirium, I prefer very small quantities of wine or spirit; but if there is great debility and prostration, with partial or general tremors, I then administer much larger quantities. In most cases the circulation is languid in the extremities, and in some there is even a coldness of these, as well as of the surface generally, except about the head. Here hot spirituous fomentations act charmingly, in conjunction with the internal use of wine or spirits in equalizing and restoring excitement to these parts, and of course in diffusing it, and throwing off any excess from the head or brain. The stomach in many instances is extremely irritable and disposed to reject almost any thing that is offered,—in this case, mint julap, hot brandy toddy, spiced wine, &c. will be the best forms of stimulus. These used alternately will seldom fail to compose that organ, and particularly if assisted by topi-

cal applications of warm spirits to the region of the stomach. The stimulants should be given in moderate quantities at a time, and repeated as often as is necessary to support a gently exciting influence upon the general system. In this way they will shortly produce a tendency to sleep, and at length effect it much more certainly than opium or any other anodyne. When the patient begins to sleep well, the quantity of stimuli may be gradually diminished every day until they are finally abstracted or dispensed with. When the case is desperate and protracted, I have in addition to the above treatment, blistered the scalp freely and extensively. During the course of treatment, light stimulating soups, strong coffee, &c. &c. will be highly proper.

I long since lost my confidence in the opiate plan of treating delirium tremens, in consequence of witnessing its unhappy effects on many constitutions, and from having seen it pushed to the extent of eight grains at a dose, in the case of a highly distinguished medical gentleman, in Leesburg, Virginia. It aggravated every sympton, and so far from producing sleep, it rendered him doubly *mad*—so that it had to be abandoned, and the plan I here advise, in part adopted, when he became quickly convalescent, and finally recovered completely.

There is a most abominable practice pursued by friends, and too often by a sort of physicians, which is, to withhold every thing like *stimulus* from a poor wretch, who is suffering ineffable horrors and anguish of mind and body, from excesses in drinking, which nothing on earth can so promptly mitigate, as a little ardent spirits, wine, or something else containing the active principles of alcohol. The sudden abstraction of stimulus in such cases, has been attended with the most dreadful consequences—violent spasms, convulsions, and death! No scruples need be entertained on the score of encouraging the propensity to intoxication by the stimulating plan, as a man is not more subject to relapse into former habits of intemperance, than he would be, were he cured by any other method, or under any other circumstances.

*Haymarket, Va. May 10th*, 1828.

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8. *To the Editors of the American Medical Recorder.*

Gentlemen—In the month of August, after gathering a basket of fresh leaves of the Datura Stramonium, for the purpose of making an extract, I commenced bruising them in an iron mortar, in which operation I used my right hand both to handle the pestle and replenish the mortar. This kept my right hand completely soaked in the narcotic juice of the plant for nearly an hour. I had but just completed this process when I had a call to visit a patient in consultation with a neighbouring physician about seven miles distant. I sat off on horseback, and after proceeding about four miles, in passing a garden in which grew a plant, as I had been informed, of a singular appearance and unknown to the incumbent, I dismounted to ascertain its botanical character; but on examination, I found myself incapable of distinguishing the organs of the flower. Then, and not until then, had I entertained the least apprehension of any deleterious effects from the stramonium. By a few experiments I found that it was the vision of my right eye only that was in fault. I proceeded about a mile further, and called on the attending physician of the patient, and after relating to him the circumstances, he examined my eyes, and declared, that the pupil of my right eye was dilated at least three times its usual size, and that the left had no preternatural appearance. Up to this time I had felt no particular indisposition except a slight vertigo, or rather an exhilaration of spirits, and a smoky appearance of the atmosphere. Immediately after commencing our journey

together the sun set, which seemed to relieve my eyes of that haziness which before they had experienced.

After performing my professional duty I returned home about 10 o'clock; on entering the room my family noticed the singular appearance of my right eye before I had time to relate the circumstance—still feeling myself in good health and spirits, and I believe less fatigued than usual from a similar journey.

My wife being then confined, I retired to bed in a solitary room; but no sooner had I became warm in bed when I felt a host of new sensations creeping over both body and mind. My whole frame was affected with a tremulous vibration, but most sensibly felt through my abdomen, attended with a prickly sensation over the whole surface of my body. My mind became extremely timid and restless, which rendered all attempts to compose myself to sleep fruitless. In this distressed situation I arose from my bed and took a tea-spoon full of elixir of paregoric, then walked my room for about half an hour; I again went to bed, but so far from feeling any relief from the anodyne, I felt every symptom getting worse: the surface of my body was bathed with a clammy perspiration; whenever I attempted to close my eyes I was assailed by imaginary spectres, in the most hideous forms and menacing attitudes; and what still added to my torment, my bed was suspended and tantalized like a feather between the two floors.

I had now become seriously alarmed with my situation, and was deeply impressed with an idea that I was labouring under symptoms of hydrophobia. I again left my bed and took an ounce of ol. ricini, and after rocking myself in a chair about fifteen minutes, to my great joy, I felt every disagreeable sensation beginning to subside, and in less than one hour I became so composed that I went to bed, and immediately fell into a sound and quiet sleep, which continued without interruption until morning. I arose refreshed, and felt no indisposition excepting a slight debility and but little appetite for my breakfast: the pupil of my right eye, however, did not resume its usual size and appearance until after about two days.

Query.—Did the Stramonium produce this wonderful effect by inhalation of the narcotic effusion, by cutaneous absorption, or by nervous sympathy?

Lempsten, N. H. TRUMAN ABELL.

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9. *Extract of a Letter from one of our Correspondents.*

Previous to my seeing the Recorder, I had been in the habit of using the Ergot in Labor, but in a very limited manner; since then I have used it with much more freedom, and it *never* has failed producing its effect of increasing the force and frequency of labour-pains. I have lately used it with the view of lessening *after-pains*, by giving 6 or 8 grs. a few seconds before the birth of the child, which has always been followed by a shortening of their duration, although while they last they have been more severe. In persons who have been for days harrassed with them before—after the use of the ergot, six hours is in the longest period of their duration, and in several cases where *copious hæmorrhages* had in preceding labours been an invariable consequence, the use of the ergot as above directed has completely prevented them. I have no doubt but that with the view of preventing hæmorrhage, as well as lessening the duration of the after-pains, ergot will be found an all-important and ever-necessary article to the accoucheur.

But in making choice of this article we may be deceived, for wheat in a wet season produces the same kind of blasted grain as the rye, and unless the latter is chosen instead of the former, we may in vain look for its effects.

I am led to make this observation in consequence of having been in this manner deceived myself. After selecting a quantity of the spurred *rye* my-

self from a parcel in a mill, I offered the miller a small sum to procure for me a large quantity; he came the same day with much more than I wished, saying he had found it in a pile of wheat, but which proved to be without the usual effects of the ergot. May not this be a cause of the great difference of opinion among physicians respecting its operation, as some are confident of its virtues, whilst others deny them, having never seen the administration of that (supposed) article, followed by its alledged effects? I have been more or less extensively employing the article for ten years, and never knew a failure where I had chosen the article myself from amongst the rye.

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## 10. VACCINATION.

*Copy of a letter from* DR. WATERHOUSE *of Massachusetts, to his friend in this city.*

CAMBRIDGE, 19th May, 1828.

DEAR SIR,—I learnt by your letter, not without some surprise and mortification, the indifference of both Houses of Congress to the important business of Vaccination. Is the extermination of small pox from the land an affair of trifling consequence? Can any man, however zealous and well informed, strike from the catalogue of human miseries such a plague as the small pox, alone and unassisted? This would be to realize the fiction of Hercules. Until we find the *Virus* in the cows of our own country, some *one* person, or perhaps *two*, should be appointed and aided by the general government, to perpetuate the existence of the pure genuine matter, from one human subject to another; and the neglect of it, will, one day, operate as a scourge of our folly and ingratitude to Heaven, for thus slighting one of its greatest blessings.

After my first introduction of this new inoculation, twenty-eight years ago, I defended it seven years, in its disputed march through an host of enemies, in a panoply of *facts*, and trod with a firm step; but I am now called upon, from various parts of the United States, to declare my opinion of varioloid, and the importance of re-vaccination. I can say nothing of the first, having never yet seen a case of that *mongrel* distemper; nor have I a thorough conviction of the existence of such a disease. Of those I had vaccinated, I never had but one case in which it was suspected, and that case I did not see, and knew it only by report. The last letter from Dr. Jenner to me, was written but a very short time before his death. In that, he appears as incredulous as myself respecting a *mixed* disease. There is a wonderful sameness in distempers. The small pox and measles appear, at this day, the same as when first described by the Arabians, the variations depending on the individual idiosyncracy, or the situation of the sufferer.

To the question now frequently put to me by letter, and otherwise—Have you the same faith in the prophylactic power of vaccination, as when you made your first publication? To which I have replied, that I had, provided the virus was genuine and fresh, and the operation judiciously performed. In my address to the Boston Board of Health, dated May 31st, 1802, requesting them to patronize and aid a public experiment to test the truths of my doctrines, to be performed under their own inspection, by certain persons therein mentioned, I used, among others, this argument. "When a building, guarded by rods of iron, is struck with lightning, we conclude they were not adjusted according to the rules laid down by Franklin; they being founded on the law of nature, relative to the electric fluid and a metallic rod. And when we hear of a person having the small pox, after being supposed to have had the kine pock, we are as certain that the inoculation was not conducted according to the rule laid down by Jenner, they being, in like man-

ner, founded on a law of nature, respecting the vaccine virus and the human subject. Therefore, whenever we meet with adverse accidents in applying the Franklinian or the Jennerian discovery to practice, we must look for the cause in erring man, and not in unerring nature. It is the business, then, of the philosopher and the physician, to inquire into the causes of these aberrations."*

So, when I have been asked, whether I considered re-vaccination needful, I have answered agreeably to the above quotation, written twenty-six years ago, to the Boston Board of Health; and have myself declined performing the operation a second time, unless when I recollected some particular circumstance attending the vaccination, such as not seeing the patient after the insertion of the virus, as when going off on a voyage. Hundreds of cases which occurred. To another question put to me—Do you believe that all you have vaccinated are completely secured from small pox? I cannot presume it; and rather wonder that I have not heard of more cases than one. That gentleman who has vaccinated a greater number, by far, than any man in America, if in the world, Sylvanus Fancher, has never been pestered with complaints of varioloid after his inoculations; and I never saw the man who appeared to me to understand the theory and practice of vaccination so well as he, no man who has made so many judicious experiments, to ascertain the power of the virus and laws of the system, when received from a scratch in the human skin, and also the most sure and agreeable mode of performing the operation; and, above all, I esteem him for the surest method of preserving the virus or matter, in its purest and most efficacious state; for these qualifications, the result of long experience and reiterated trials, together with a spirit of benevolence and disinterestedness, inducing him to vaccinate whole towns, for what, most frequently, could not be called a reward; for these reasons, I countenanced, aided and patronized Mr. Fancher, as a most honourable apostle in the cause of vaccination and humanity, although he was never licensed by any Medical Association, and never had M. D. appended to his name; but, like his prototype, Samuel Thompson, built up a solid reputation by patient experiment and long experience, under the conduct of extraordinary sagacity, and an amiable spirit of candour. On these accounts I patronized both; and I little wonder that the Medical Society of the State of New York, delay so long their mark of disapprobation. Happy America! Where the excommunications of the sordid and the bigotted are subjects for ridicule!

I have lately remarked that re-vaccination has been recommended in the National Intelligencer, under the respectable name of Dr. P. S. Physic, and some other names of less note in New York and Philadelphia; to which are added the names of three Physicians in Boston. What may have been the experience of those belonging to the States of New England I cannot say, but can only remark that those belonging to this vicinity could, I should think, have hardly been able, from their other business, to have given that close and uninterrupted attention to the subject, as would qualify them for being the best judges of the matter. The oldest of them was hardly a candidate for the practice of physic when the new inoculation was first promulgated. Experience and close attention alone, give weight to opinion in the Science and Arts of Medicine. Sylvanus Fancher, of Connecticut, has vaccinated upwards of eighty thousand subjects, and Samuel Thompson has, by aid of uncommon sagacity and bold experiments, chiefly on himself, acquired a more thorough knowledge of the medical virtues of American plants, than, perhaps, any other man in the United States; and together with, as yet, rather a rude apparatus of Vabour Bath, established a practice

* See the writer's history of the progress of the New Inoculation in America, printed at the University press, Cambridge, 1802.

highly satisfactory to a vast many thousands of the good people of our country, not divested of common sense, and to the entire satisfaction of some regular physicians, not wholly devoid of the high honour of that name.

In vaccination, therefore, and in every other department of the healing art, in the treatment of fevers—in cutaneous disorders—in surgery, and in the *Materia Medica*, let us all respect what Lord Bacon calls *learned experience*, that is, experience conducted with judgment. The "*Report of the Select Committee on the* THOMPSONIAN *Practice of Physic*," made to the Legislature of the State of New York, the 11th of March, 1828, does more honour, in my opinion at least to the principal party concerned, than all the diplomas, granting rights and privileges from any corporate body, could convey. This system to which I allude, is, as yet in an imperfect state, and, therefore, susceptible of great improvement. I consider it a safe, and important first step in the practice of physic; and a more valuable one than that made by Paracelsus, although he effected a revolution in medicine, by the introduction of chemical remedies; whereas, the reformer Thompson abjures, too hastily, chemical preparations, and contends that the Creator has given vegetables enough to cure all our curable diseases; and that "*he who is wise will not despise them;*" thus adding the authority of Scripture to that of reason and experience. On all these subjects, I rely not so much on what men say, think, and reason, as upon fair experiment: for, upon that foundation, rests all that is valuable in the faculty of medicine. It is the accumulation of facts that has eternized the name of Hippocrates, and given to fame the labours of Harvey, Sydenham, and John Hunter, while the theories of Brown and Darwin may hardly live through another generation.

Among the sound fruits of experience, I hope and trust, may be found the friendship of your obedient servant,

BENJAMIN WATERHOUSE.

Hon. JOHN BAILEY, Washington.

[Dr. Waterhouse, was, we believe, the first physician who laboured to introduce vaccination into the United States; and so great was his ardour in the cause, that he obtained, if we recollect right, the name of "The American Jenner."]—*Nat. Int.*

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## 11. CASES OF FRACTURE

*Treated with Amesbury's Apparatus. In a Letter to the Editors of the Recorder.*

IN compliance with thy request, I will endeavour to give a short relation of the two cases of fracture of the lower extremities, in which I applied the apparatus of Amesbury.

The first was J. A. a respectable wheelright, who was precipitated from a load of sheaves of wheat, under the horses' heels. His left shoulder was dislocated by a kick of one of the horses, and the wagon wheel passing over his right thigh, fractured it obliquely about the middle.

This patient was uncommonly tall, 6 feet 5 inches in height, large boned and muscular, about 60 years of age, and had never been confined to his bed a day before the period of this injury. His system appeared irritable and easily excited into fever. Unused to confinement or pain, a deformed limb appeared to him preferable to suffering the pain which is usually occasioned by the bands for extension and counter-extension. Finding it extremely difficult to keep the fractured limb more than a few hours at a time, within two inches of its natural length, by means of Dessault's and Physick's apparatus, after two weeks, Amesbury's apparatus was applied in the bent position, recommended by him. From the great length and weight of the limb, &c. this position occasioned so much uneasiness, that the leg was laid

in the straight posture. This situation seemed entirely comfortable for 6 or 8 days, when he began to complain of some uneasiness at the tuberosity of the ischium. The pelvic strap being loosened a little, gave relief, but the counter-extension could not be so perfectly made, as the brass piece would occasionally slip under the tuberosity. In order to obviate this difficulty, I attached a small muslin bag, containing about one and a half pounds of sand, to the lower end of the main splint, and suspended it over a forked stick inserted into a hole in the bedstead.

This expedient allowed the pelvic strap to keep the brass piece against the tuberosity of the ischium, without uneasiness, at the same time it kept the leg of its natural length by the gentle, yet constant extension it made on the limb, connected firmly to the lower end of the splint by the shoe.

Unfortunately for a perfect cure, about the time the bony union took place, the patient, either in order to relieve an uneasiness so slight that he did not mention it to me, or because he considered the sand bag unnecessary, had it laid upon the bedstead; the result was, a slight shortening of the limb. This however is so small as to be scarcely observed, if he wears a high heeled shoe. The bony union was completed about the usual period. On the whole, I was much pleased with the use of Amesbury's apparatus in this case.

The next case in which I applied it, was in a transverse fracture of the tibia and fibula; the former bone was broken about two inches above the ankle joint, and the latter three inches.

The patient's constitution was much injured by habitual intemperance, and he seemed little inclined to keep his fractured limb quiet, so that I anticipated rather a difficult case.

Amesbury's apparatus was applied in this instance about 24 hours after the accident. Nothing could answer, better than it did. In spite of the restlessness and carelessness of the patient, the fractured extremities of the bones were kept in accurate contact. He was enabled to move himself from one side of the bed to the other, and roll the limb inward or outward, at pleasure. Fearing intoxication, I kept him in bed four weeks, at which time the bone appeared completely ossified. The splints, however, were not all taken off until two weeks afterward. He was highly pleased with the splints, and appeared to have suffered very little pain during the cure.

I remain thy friend,

THEOPHILUS E. BEESLEY, M. D.

*Salem, N. J. 4th mo.* 1828.

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## 12. DIRECTORS OF THE GENERAL HOSPITAL SOCIETY OF CONNECTICUT.

| | |
|---|---|
| Nathan Smith, M. D. | William Lessingwell, ESQ. |
| Thomas Hubbard, M. D. | John Skinner, ESQ. |
| Eli Todd, M. D. | Eli Ives, M. D. |
| John S. Peters, M. D. | Jonathan Knight, M. D. |
| Benjamin Silliman, M. D. L. L. D. | Timothy P. Beers, M. D. |
| Thomas Miner, M. D. | Alfred S. Monson, M. D. |

This institution is located at New Haven, and promises to be a very valuable appendage to the Medical College, as well as of essential service to the community in general. It is hoped, that the hospital may be in operation by the ensuing autumn or winter.

Pagination Incorrect



## 13. MEDICAL STUDENTS.

We have received catalogues of the Students in several Medical Institutions; the names of the students, their residence, and the names of their preceptors are given. We admire this plan, and should be pleased to see it become general. We publish the list of the "Medical College of Ohio," as a specimen.

If the Jefferson Medical College will publish in a similar manner since its commencement, we are satisfied that what we have stated, respecting the number of their *students* was rather *overrated*—but, that ample justice may be done, we promise to publish the lists, if furnished in the manner mentioned; after this, we trust we shall hear no more about misrepresenting numbers, &c.

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## MEDICAL COLLEGE OF OHIO.

*Officers of the Institution.*

TRUSTEES.

SAMUEL RAMSAY, M. D. *President.*
WILLIAM CORRY, Esq. *Secretary.*

| | |
|---|---|
| Hon. W. H. Harrison, | Martin Ruter, D. D. |
| Hon. Jacob Burnet, | Rev. O. M. Spencer, |
| Samuel W. Davies, Esq. | David K. Este, Esq. |
| E. H. Pierson, M. D. | Nathaniel Wright, Esq. |

PROFESSORS OF THE INSTITUTION.

Jedediah Cobb, M. D. *Professor of Anatomy and Physiology.*
Josiah Whitman, M. D. *Professor of Mat. Medica and Obstetrics.*
Jesse Smith, M. D. *Professor of Surgery.*
Elijah Slack, A. M. *Professor of Chemistry and Pharmacy.*
John Moorhead, M. D. *Prof. of Theory & Practice of Medicine.*

STUDENTS.

OHIO.

| *Names.* | *Residence.* | *Instructors.* |
|---|---|---|
| W. W. Bancroft, | *Franklin county,* | Dr. Thrall. |
| D. Barnhisel, | *Trumbull county,* | Todd and Seely. |
| Robert Boal, | *Reading,* | Whitman & Cobb. |
| E. H. Bradbury, | *Cincinnati,* | Whitman & Cobb. |
| R. Brownell, | *Rossville,* | Millikin. |
| Geo. H. Bragdon, | *Clermont county,* | Doane. |
| Hope M. Brown, | *Newtown,* | Richmond. |
| Thos. M. Brown, | *Milford,* | Williams. |
| Benj. S. Brown, | *Zanesfield,* | Crew. |
| Dickinson Burt, | *Ross county,* | Deming. |
| J. E. Bush, M. D. | *Cincinnati,* | |
| Burton Creal, | *Royalton,* | Krider. |

| *Names.* | *Residence.* | *Instructors.* |
|---|---|---|
| Milton Dunlap, | *Ripley,* | Dr. Campbell. |
| Albert Dart, | *Batavia,* | Lyman. |
| *A. Dennison, | *Cincinnati,* | |
| Wm. Emerson, | *Coshocton county,* | Lee. |
| J. Eckman, | *Trumbull county,* | Fowler & Reynolds |
| Asa Egbert, | *Eaton,* | Egbert. |
| John English, | *Steubenville,* | Dixen. |
| J. C. Fall, | *Lewisburg,* | Evans. |
| T. J. Gerrard, | *Montgomery county,* | Alexander. |
| *A. Goddard, | *Cincinnati,* | |
| Benj. Hageman, | *Lebanon,* | Ross. |
| Henry Haynes, | *Chillicothe,* | Wills. |
| R. G. Huntingdon, | *Jefferson county,* | |
| James Helmick, | *Zanesville,* | Helmick. |
| Amos Hough, | *Hamilton,* | Dunlavy & Rigdon |
| Morgan Jones, | *Wayne county,* | Bissell. |
| L. M. Johnson, | *Cincinnati,* | Whitman. |
| John B. Jewett, | *Mount Vernon,* | Nettleton. |
| David Jennings, | *Dayton,* | Steel. |
| Bobt. D. Lilley, | *Cincinnati,* | |
| J. McClung, | *Rushville,* | Hyde. |
| W. J. Madeira, | *Cincinnati,* | Drake. |
| W. P. Meacham, | *Columbus,* | Parsons. |
| W. Mulford, M. D. | *Cincinnati,* | |
| *A. McGrew, | *Cincinnati,* | |
| E. Newton, | *Cincinnati,* | |
| Thos. J. Nichols, | *New-Richmond,* | Brown. |
| A. Porter, | *Preble county,* | Brown. |
| A. Palmer, | *Liverpool,* | Palmer. |
| T. M. Pinkham, | *Batavia,* | Wayland. |
| H. W. Humphrey, | *Steubenville,* | Andrews. |
| Wm. M. P. Quinn, | *Rushville,* | Turner. |
| Silas Reed, | *Deerfield,* | De Wolf. |
| C. S. Ramsay, | *Cincinnati,* | Ramsay. |
| J. F. Stall, | *Cincinnati,* | Stall. |
| John C. Spencer, | *Cincinnati,* | Smith. |
| E. C. Sharp, | *Williamsburg,* | Sharp. |
| Silas H. Smith, | *Milford,* | Hendricks. |
| H. Todd, M. D. | *Franklin,* | |
| Wm. E. Thompson, | *Athens,* | Perkins. |
| Aaron Thrall, | *Licking county,* | Cooper. |
| N. M. Thomas, | *Mount Pleasant,* | Parker & Farmer. |
| S. W. Truesdell, | *Paynesville,* | Rosa. |
| John L. Vattier, | *Cincinnati,* | Woodward. |
| Geo. B. Walker, | *Cincinnati,* | Lawrence. |
| Wm. R. Winton, | *Hamilton,* | Dunlavy & Rigdon |
| J. S. Waugh, | *Hamilton,* | Dunlavy & Rigdon |
| Jas. Welch, | *Youngstown,* | Manning & Wick. |

| *Names.* | *Residence.* | *Instructors.* |
|---|---|---|
| Jos. S. Welsh, | *Madison,* | Dr. Duncan. |
| J. N. Wilson, | *Newark,* | Brice. |
| *J. Ward, | *Cincinnati,* | |
| A. Wilson, M. D. | *Cincinnati.* | TOTAL, 65. |

KENTUCKY.

| | | |
|---|---|---|
| W. Adams, M. D. | | |
| S. S. Alexander, | *Louisville,* | Dr. Johnson. |
| Jas. W. Bacon, | *Frankfort,* | Sharp. |
| Wm. H. Barlow, | *Georgetown,* | Keene. |
| E. J. Beal, | *Flag Spring,* | Houston. |
| G. D. Coleman, | *Flemmingsburg,* | Houston. |
| W. H. Hoard, | *Mason county,* | Scudder. |
| W. H. Johnson, | *New-Castle,* | O'Brien. |
| A. M. Kennan, | *Flemmingsburg,* | Drake. |
| Jas. A. Kenedy, | *Campbell county,* | Brown. |
| F. G. Montgomery. | *Frankfort,* | Wooldridge. |
| M. Overstreet, M. D. | *Oldham county,* | |
| Z. C. Offutt, | *Georgetown,* | Keene. |
| David Pollard, | *Shelby county,* | Pollard. |
| Wm. H. Robards, | *Elizabethtown,* | Young. |
| R. L. Wilkinson, | *Liberty,* | Ray. |
| A. Williams, | *Garrard county,* | McConnell. |
| Henry Thomas, | *Harrodsburg,* | Tomlinson. |
| Wm. T. Thornton, | *Oldham county,* | Thornton. |
| J. H. F. Thornton, | *Oldham county,* | Thornton. |
| | | TOTAL, 20. |

VIRGINIA.

| | | |
|---|---|---|
| O. F. Cravens, | *Harrisonburg,* | Dr. Craven & Moorman |
| John Eagon, | *Staunton,* | |
| M. H. Houston, | *Natural Bridge,* | Barton. |
| Hiram C. Hubbard, | *Buckingham county,* | Palmer. |
| J. H. Randolph, | *Lynchburg,* | Steptoe. |
| Arthur Watts, | *Bedford county,* | Steptoe. |
| | | TOTAL, 6. |

INDIANA.

| | | |
|---|---|---|
| S. W. Clarkson, M.D. | *Vevay,* | |
| T. T. Butler, | *Economy,* | Dr. Deming. |
| . Davis, | *Randolph county,* | Johnson. |
| T. H. Howes, | *Madison,* | Howes. |
| H. Holland, | *Worthington,* | |
| Andrew Rogers, | *Charlestown,* | TOTAL, 6. |

* Not regular Pupils.

TENNESSEE.

| *Names.* | *Residence.* | *Instructors.* |
|---|---|---|
| La Fayette Ezell, | *Nashville,* | Dr. Waters. |
| P. H. Mitchell, | *Murfreesborough,* | Berton. |
| P. W. Saunders, | *Davidson county,* | McCorkle. |
| C. B. Thompson, | *Nashville,* | P. & F. Robinson. |
| Wm. Wasson, | *Murfreesborough,* | Yandle. |

TOTAL, 5.

MISSISSIPPI.

| | | |
|---|---|---|
| Wm. Monett, | *Natchez,* | Dr. Monett. |
| T. M. Rogers, | *Franklin county,* | Drake. |
| J. Sillers, | | |
| A. Smith, | *Amité county,* | |
| M. Snow, | *Vicksburg.* | |

TOTAL, 5.

SOUTH CAROLINA.

| | | |
|---|---|---|
| Jas. M. Crowdrey, | *N. District,* | Drs. Briggs & Watts. |
| Samuel Lessley, | *A. District,* | G. Brown. |
| John Ready, | *L. District,* | Pearson. |

TOTAL, 3.

ALABAMA.

| | | |
|---|---|---|
| J. G. W. Mott, | *Clark county,* | Dr. Huston. |

TOTAL, 1.

PRUSSIA, *Europe.*

| | | |
|---|---|---|
| Fr. Bergen, | *Berlin,* | Dr. Hufeland. |

TOTAL, 1.

WHOLE NUMBER, 112.

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14. "THE First Lines of the Practice of Surgery," by Samuel Cooper, from the last London edition, with Notes and Additions of Professor Stevens, of New York, together with Additional Notes, by a Physician of Philadelphia, will shortly be published by Messrs. T. Desilver, and H. Cowperthwaite, of this city.

In calling the attention of the profession to this edition of Cooper's Surgery, we deem it unnecessary to dwell upon the merits of a work which is not only deserving a place, but should be found in the library of every Surgeon. It is, perhaps, the best elementary work on Surgery, that has ever appeared.

# OBITUARY NOTICES.

"MEMENTO MORI."

*To the Editors of the American Medical Recorder.*

GENTLEMEN,—The death of our friend, Dr. Wm. Reynolds, has been a source of much regret to all who knew him. He died on the 7th of April of an attack of apoplexy. He arose at his usual hour on that day; which was always early, and probably while shaving himself, about half past 7 o'clock, was seized with paralysis in the organs of speech, and ten minutes after 8 was found on the floor senseless, with stertorous breathing. Immediate and powerful depletion was used, and every means usually resorted to. About half past 2 P. M. some reaction appeared, and he shewed some marks of returning sensibility, which however lasted but a short time; he soon relapsed into stupor, with long and deep respiration, until 7 o'clock in the evening, when life ceased.

He was highly respected by all who knew him, and greatly beloved by his patients. Never have I seen a man who so quickly and strongly attached others to him as Dr. Reynolds.

Dr. Reynolds was born in Northumberland, Pennsylvania, 1776: had to struggle with all the disadvantages of a young country during war, when schools were precarious. He commenced his medical studies in 1796, under Dr. Benjamin F. Young.

In 1799 he went to Philadelphia, where he graduated in 1801, after attending the lectures of Dr. Benjamin Rush, and the other eminent men of that school. Dr. Rush, unsolicited, obtained him a commission as surgeon's mate in our navy, in which capacity, and as acting surgeon, he was in the Mediterranean for two years, in the frigate Washington. On his return, after remaining a year at Philadelphia, where he attended the lectures again, and a short time at New Brunswick, he came to this city and practiced about two years, but finally settled at Middletown Point, in New Jersey, in 1808, and acquired there a wide practice, with a character for benevolence and assiduity which rendered him much beloved. In 1823 he removed to this city, where he was acquiring an excellent practice when he was cut off, in a way which has taken off so many of our citizens.

His acquirements in the Latin, French and Italian languages were solely his own exertions. He was president of the New Jersey Medical Society, and much respected in that State, where he was returned a member of the legislature, but lost his seat in consequence of an omission of the letter G in some of the votes.

To an apoplectic death Dr. Reynolds was strongly predisposed from an athletic form, a full and broad thorax and plethoric habit, and one of the longest heads I have for a long time seen. An autopsic examination discovered large sanguineous effusion in the brain. Some particulars in the manner of his death are not a little interesting in a medical point of view. Two days before his death I was with him in consultation, and never saw him in better health. The evening previous to his death he was the same. He had been aware for some time past of his predisposition, having been warned by a former attack and a partial paralysis during the winter, which he endeavoured to guard against by an abstemious life; but that day he had deviated from his usual custom of not taking dinner, by partaking of roast

beef and a glass of beer with it. This shows how much more necessary it is for those to avoid deviating who are in habits of abstemiousness, if as there is reason to think the sudden filling of the vessels from this meal was the exciting cause of the result. Again, at half past seven o'clock our friend was shaving and attempted to speak to a boy sent for a prescription; he however made but a partial motion with his under jaw. When found half an hour after, he was shaved, had been into an adjoining room and washed his face, so that he had moved about after the attack had commenced, probably unconscious of it, and before paralysis had reached his left side, which was the side affected.

It has been asserted that where there is affusion, the contracted pupil never occurs; this was not verified here, the pupil being contracted almost to a point, from the first.

Coagula amounting to from 3 to 5 ounces of blood, were found in the right ventricle. In the left the blood was fluid, and amounted to as much more. All the vessels of the brain were excessively distended, especially on the right side.

As a man, Dr. Reynolds was ardent and faithful in his friendships, and extensively useful and humane to the poor and unfortunate.

The mind of our deceased friend, was one distinguished for soundness of judgment, and firmness of purpose. When satisfied with the correctness of his decisions, he was not to be turned aside by the cavils of the world, the glare of a popular name, or great pretensions. Of plain and unassuming manners, he was undeviating in action, in pursuing what he thought to be morally correct. The benefit of his patients, and not pecuniary or other selfish considerations guided his professional exertions, which were conducted on principles of inductive philosophy alone. He was a stern enemy of quackery, with which he would hold no terms, under whatever garb presented, whether connected with ignorance or unfounded pretensions, or found with those whose advantages and endowments render it more detestable because more imposing and dangerous.

That his leisure moments, which with the medical men must ever be casual and uncertain, were not wasted or mispent, is evidenced in his farewell address to the New Jersey Medical Society, published in the 1st No. of the Recorder. His classical and scientific knowledge are there shown unsophisticated. The practical information collected, he had recorded in thirty years devotion to his profession, may be expected to be exhibited by the publication of his papers. That stored in memory and mind, has descended with him to the oblivion of the tomb, never more to be restored.

Among his propensities, a delicate and inventive mechanical ingenuity was not the least. This he often exercised in his leisure moments, and exhibited it in the construction of his surgical instruments by himself, with much judgment and useful physical knowledge.

When we consider the time it takes to raise one man to the maturity of mind which he had obtained, when we think of the experience and judgment thus annihilated by a small portion of blood effused into the cerebral texture, when we reflect on the usefulness which the circle of his friends have been deprived of, and the information the profession might have drawn from the mind destroyed in its meridian, now no longer to exhibit its manifestations to our senses, we cannot but lament the imperfection of our texture and organization which renders life uncertain, and by which we are deprived of its effects in those cultivated and fruitful intellects who afford mankind the comforts, the means of enjoyment, the sources of happiness, the refuge from pain and suffering so requisite in a world, so subject to misery—it is here we have to lament the necessity of death, whose power annihilates the labour of years, and renders the toil of ceaseless research, and daily and hourly studies and observation a nonentity.

Departed this life on Wednesday morning the 24th of January, A. D. 1827, at his late residence in Surrey county, Virginia, of a violent attack of acute hepatitis of three days duration, which he bore with resigned fortitude, WILLIAM HENRY FINCH, M. D., in the 28th year of his age.

In the death of Doctor Finch, his relatives have lost a sincere friend, and society one of its brightest ornaments. At the early age of 18, after completing his academic studies at William and Mary college, he left his native county, New Kent, in search of a more desirable settlement to commence his medical studies. Having chosen Surrey for his residence, he commenced his studies with an ardour equitable with the great object he had in view, and succeeded in a manner becoming the high character he afterwards sustained in its practice. At the age of 21, he received the degree of M. D. from the University of Pennsylvania, and the ensuing year commenced his medical career; here his exemplary attention to professional duties, together with the sound judgment which dictated his prescriptions, soon introduced him into an extensive practice, which he vigilantly retained with unusual confidence. But lo! not yet in the meridian of his usefulness, he was called upon to pay the heavy ransom.—From undue exposure, like a good Samaritan in visiting and waiting on the afflicted, he imbibed the bitter cup, and the renovating balsam with which he so long had successfully combatted the many-headed Arragon in the bosoms of hundreds, proved treacherous to its master.—Yes!

No longer his all-healing art availed,
But every remedy its master failed.

Though gone, his memory will ever be cherished by the lovers of science, who must long bemoan his untimely departure, and the sympathetic drop which clouded the brow of every spectator present, as the last tributary respect paid his remains, will ever be cherished as an emblem of his departed worth.

None knew him but to love him—
Few name him but to praise.

W. H. E.

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DR. HOLCOMBE.

When we published the obituary notice of Dr. Holcombe in our last number, we had not seen the National Intelligencer, containing the following merited notice of our deceased friend. We understand it was written by one of his distinguished colleagues. We need offer no apology for its republication. *Eds. A. M. Rec.*

The many anxious inquiries which I have heard daily concerning him, from the beginning of the session, and from every quarter of the house, would have satisfied a stranger of the high respect entertained for him. The remembrance of what George Holcombe was, and the announcement, by one of his colleagues, on Saturday last, that he is no more, produced a gloom upon the countenances of the oldest members, such as I have not witnessed since the death of the lamented Lowndes.

Doctor Holcombe possessed a mind of the first order; and it was rich in the stores of chaste and classic knowledge, as well as in the modern sciences and literature of his day. As a fine Belles Letters scholar, and critic in English composition, few men were his equal. I have seen some fugitive pieces from his pen, some in poetry and some in prose, highly creditable to his head and his heart, as well as to his imagination and fancy.

He was a man of exquisite sensibility and feeling, coupled with a high regard for decorum, and the nicest sense of honour. He was tender of the

feelings of others, a lover of peace, and a peace-maker. By his urbanity of manners—the mildness and amiableness of his disposition as well as by his extensive attainments—he commanded the respect, and enjoyed the esteem of the wise and the good in every circle where he moved, and was the favourite of every family he honoured with his intimacy. By his sterling integrity—his liberality of sentiment, and unassuming deportment, he disarmed party rancour of its venom, and the slanderer stood rebuked in his presence. His modesty and meekness he indulged almost to a fault; and though his powers of elocution and composition were seldom rivalled, yet the persuasions of his best friends were often urged in vain to engage him in debate. When he rose to speak, however, the universal attention of the house was the best evidence of the interest which was felt to hear him. Few men had a higher relish for a well composed, and well delivered speech, than he, and I have often seen him enjoying this rich repast with much delight. And no man has expressed a stronger disgust at the rage for speech-making, and the waste of time and treasure of the nation, in the almost interminable debates in congress. His speech on the tariff of 1824, and that in support of Mrs. Decatur's claim in 1825, will long be remembered as specimens of congressional eloquence, and elegant composition. His friendships and intimacies, strictly so called, were not very numerous. They were founded on principle, and neither time nor distance, nor misfortune, abated his steadfastness. In his native state, no man enjoyed a higher share of public confidence—and no man was more worthy of it. Although a country practitioner, and comparatively young, he had acquired a professional standing and rank which few men attain. The most eminent teachers in our first medical schools, paid great deference to his opinions; and the name of Holcombe was considered high authority by such men as Physick, and Chapman, and Hossack. In proof, I could refer you to all the most respectable Medical and Surgical Journals of his day. His professional eminence preceded him in the national councils, and many of his associates, in both houses, have known and acknowledges the benefits of his friendly advice, in alleviating the maladies and suffering of human nature. But it was most emphatically in private life where he found scope for the full exercise of the virtues most congenial with nature, and which best adorn the man. It was in the house of sorrow—in the chamber of distress, when hope was yielding to despair, when the agonizing mother could no longer be restrained, whose tears and grief were mingling with the groans from the cradle—it was here, it was to her, that my friend became the minister of hope, and the messenger of mercy; and the prayers and blessings of many mothers, whose tears he has often dried, have followed him to an untimely grave.

A JERSEYMAN.

# EXTRA-LIMITS.

## *For the American Medical Recorder.*

Messrs. Editors—

[Dr. Schmidtmann published at Berlin, in 1819, a work entitled *Summa Observationum Medicarum expraxi Clinica triginta annorum depromptarum*, dedicated to the distinguished Hufeland, chief physician to the king of Prussia; in 1821 a second volume appeared, dedicated to Stieglitz, chief physician to the king of Hanover. It is a work of merit and of peculiar interest, as it appears to exhibit faithfully the general state of the practice of physic in the north of Germany, especially among the friends and cotemporaries of Hufeland. At first, I thought of analyzing the whole work, but upon reflection, I concluded that I should be likely to do him more ample justice, and convey a more correct idea of his merits, by transcribing, nearly entire, his chapter upon Dysentery. Besides, an accurate history of a severe and extensive epidemic disease is always instructive, and rarely fails of containing some facts of high importance in the practice of physic. Should this dissertation unfortunately fail of being interesting to your readers, (after it has had the sanction of the illustrious Hufeland), I must think it will be owing to the imperfection of the translation, rather than to any defect of the original author.

Yours, respectfully,

THE TRANSLATOR.]

*An account of the Dysentery that prevailed at Mille, in the principality of Osnaburg, in Germany, towards the close of the summer and in the autumn of the year* 1800, *by Lewis Joseph Schmidtmann; translated for the American Medical Recorder, by Thomas Miner, M. D. of Middletown, Conn.*

Mille and its environs are very favourably situated for health. The country being elevated and hilly, the wind from every quarter has free access; there are no marshes, or stagnant pools, or extensive forests; and there is an abundance of very pure water. From these causes, the inhabitants generally enjoy a happy exemption from malignant diseases. Putrid fevers, so called, which very often desolate less salubrious regions, I have never known to prevail, as an epidemic, in this town. The small-pox, (now happily extinct), rarely assumed a malignant character, unless made so by the herd of quacks and medicasters, who find this a very favourable ground where they can practice their deceptions with impunity.

There had been no dysentery since 1788, and the few cases which had been noticed previous to that year, when rightly treated, were rarely fatal. Almost all our diseases manifested a bilious character, which continued, with very little interruption, till the extremely severe winter of 1797-8. The great cold of that season, and perhaps an attendant change of some of the constituents of the atmosphere, probably dispelled these bilious affections; and inflammatory, rheumatic, and nervous diseases occupied their place. From that time, bilious fevers, which had previously obtained almost universal sway, were very rarely seen, and only in a few sporadic cases.

Almost all the diseases of the summer of 1800, such as catarrh, odontalgia, angina, pneumonia, enteritis, diarrhœa, &c. were of a rheumatic character, and many people were affected with rheumatism itself; till finally,

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dysentery very generally usurped their place, though there were still a few rheumatic cases, as well as some that were putrid and nervous.

In the fore part of the summer, the sporadic cases of dysentery had been uncommonly mild; but in the latter part of the season, the disease became universally diffused, and raged with almost unexampled severity, not only with us, but throughout almost all Germany. The uncommon weather of this year was probably the sole cause. The preceding winter had been very severe, and the cold much more permanent than usual. About the middle of March, the ice and snow left us, and a great heat, such as had never been recollected at that time of the year, prevailed through the whole of April, and the greatest part of May. On the 17th of April, the heat by Reaumur's thermometer was 19° in the shade, a circumstance rarely observed with us in August. About the end of May, the cold returned, so that water froze in the night, and many of the plants of the gardens and fields were injured or destroyed; the leaves of many of the trees were killed by the cold, and exhibited the appearance of November. This cold, attended with east or north winds, and a great drought, continued till the 27th of July. Thence we had scorching heat by day, with sharp cold in the evening and night, in a regular course, till the end of September. The greatest heat in the shade was 23°. At Madras, in the East Indies, and at Jamaica in the West, in the summer, it is commonly from 30° to 32°. On account of the decayed vegetation, and the waters that had become stagnant, as well as the animals that had died during this unusual season, there were uncommon exhalations, and the atmosphere must have been loaded with foreign matters, as well as with an unusual share of carbonic, hydrogen, and azotic gases. It is said, that the people who lived in the vicinity of groves, about the rising of the sun, perceived a very fetid *aura*. It seems to be established by the chemists, that the healthy leaves of trees and plants yield vital air, while they absorb those parts of the atmosphere which are noxious to man and other animals.

If it is allowed, that the peculiar state of our atmosphere was the principal cause of the dysentery, we can also perceive the reason, that the principality of Minden, with other humid and paludal regions, which are usually very obnoxious to this disease, should be, this year, exempt from its ravages. On account of the humidity of their soil, plants and leaves did not so readily wither, and their atmosphere was not so much loaded with the exhalations of decayed and putrifying vegetables.

The causes of the immunity of some other districts are not so apparent; yet it is not improbable, that there was something with them which neutralized or modified the effects of pestilential exhalations.

I can by no means admit, that exposure to cold is the only cause of dysentery; since upon this theory it cannot be explained, how those who most scrupulously guarded themselves against cold, as well as against contagion, and indeed those who were confined to their beds of other complaints, were very frequently attacked with the prevailing disease. The little town of Iburg, and the village of Riemslop, were from a fourth to a half of a German mile distant from places where the dysentery raged; their inhabitants were employed in the same occupations as those of the sickly villages, fed upon the same food, and were exposed to the same changes of heat and cold, and notwithstanding were exempt from the epidemic. Unless the local atmosphere of such places is free from the noxious principle which is the cause of dysentery, I can conceive of no other reason for their exemption from its ravages. If dysentery is owing to exposure to cold only, it is very difficult to understand, how that the disease should so rapidly extend itself, and such numbers be attacked with it in the same day, the most of whom not having been apparently subject to any sudden refrigeration. This sudden spread of the complaint occurred towards the close of September, when I had so many patients, that I did not know where to begin or where to end my visits.

It therefore appears, that epidemic dysentery arises and is propagated in the same manner, as the epidemic catarrh, usually called influenza. An influenza, in the year 1787, broke out in China, by degrees extending itself to Lisbon in the west of Europe. In many places, at the same time, and almost in the same hour, thousands were attacked. This drama was re-acted, in the year 1799, in Prussia and in Poland; and towards the close of the year, the epidemic over-ran Westphalia. There can be but little doubt, that the miasm of that disease was diffused in the air, and being absorbed by the lymphatic vessels, was conveyed into the inmost recesses of the system.

That catarrhal diseases do not always arise from cold, is evident; for, I have often observed people to be affected by them, while they were the prevailing epidemic, who led only a kind of vegetative life, and were confined to their rooms, unexposed to any changes of weather. Unless the matter, exciting catarrh and rheumatism, exists in the air, and thence insinuates itself into the living body, such circumstances, as have been related, could hardly occur.

This is not opposed by the fact, that dysentery and catarrh, when epidemic, may be often avoided by a warm regimen and increased perspiration; for, experience shows, that miasm or subtile contagion, when once received into the body, is most safely and expeditiously removed by increased secretions from the lungs and skin.

A considerable number of people, during the prevalence of our epidemic, according to my directions, adopted a diaphoretic regimen, with stomachic medicines; the result was, as far as my information extended, that all, who exactly pursued this plan, were exempt from the disease.

It was in the forepart of September, that the dysentery, among my patients, (in some of whom it was inflammatory, in others putrid,) first assumed a malignant appearance. This made me very anxious, as to the situation of things, when the disease should be more generally diffused. At the beginning, it crept with a slow pace, and only here and there selected its victims, till the middle of the month; it now spread like a conflagration over our whole territory; and in the end, very few houses or families escaped a visit from this pestilence. It seized its subjects with the rapidity of lightning; and many, who were well in the morning, were struggling under a painful disease in the afternoon. No one was secure from its virus. The town of Melle and its environs presented the horrid aspect of an extensive hospital. Groans and lamentations arose from every quarter. All were borne down by care, or anguish, or grief; the distressing disease wonderfully extended its ravages; for fear and anxiety break down the vital powers, suppress perspiration, and facilitate the influence of miasm and contagion.

So great was our calamity, that the same rumors and terrors were spread among our neighbours, as if we had been visited with the plague itself. Many feared to enter our little city, and after they had heard the reports of the dysentery that was prevailing here, if they had come into the town, returned home without entering into any house. Several times, there were from seventeen to nineteen deaths from dysentery, in the same day.

A great mortality continued till the middle of October, when the fury of the pestilence began to abate; and at the close of the month, there were no longer any recent cases, though many were still labouring under the disease. I saw a single case in the succeeding January.

It raged much more severely among the common people and the poor, than among the rich and the noble, though the latter were by no means exempt, and it was peculiarly fatal among females and infants, destroying a great part of those whom it attacked.

Few only had any warning of its approach, or any peculiar predisposition. In some, the dysentery was preceded by diarrhœa, obscure tormina, pain of the abdomen, rigor, chill, thirst, anorexia, coryza, cough, or angina. Many

in the best health, without any warning, were suddenly attacked. For the most part, the first symptoms were, tormina and pain of the bowels, especially in the umbilical region and in the left groin. These tormina and pains were without intermission, remaining continually in the same place, and rarely admitting of pressure from the hand, without becoming excruciating; by the least motion they became more intense, and the body was usually bent forward by which position the pains were mitigated. In these, there was an inflammation of the intestines.

In others, the pains occurred at intervals, just before a motion of the bowels; during the remission, they could bear strong pressure from the hand.

Several complained of no pain, and unconsciously parted with their feces, with only a slight tenesmus. This was always a bad omen, and appeared in the dysentery of a putrid or nervous character, in which the faculty of feeling was destroyed by a partial paralysis, so that the irritation was not perceived to excite pain.

The patient was almost continually harrassed by a painful tenesmus, and effort to evacuate the bowels; and the feces were of a yellow, green, brown, or black colour, and of whitish or yellowish mucus, mixed with blood, or of pure blood. For the most part, but little was excreted at once; indeed, there was frequently nothing more than a vain attempt at evacuation, and what was more vexatious, a continual inclination to evacuate existing at the same time. Frequently mucous masses, of the size of the fist, resembling the sperm of frogs, were dejected. The matter evacuated often had no fecal smell, but only an animal odour; at other times, it was so cadaverous and pestilential, that the attendants were in danger of falling into a swoon. In some, the evacuations were not very frequent—four, five, or six times in an hour; but in many they were almost innumerable—sixty, seventy, and eighty times in one night. The flesh and humors of some were so wasted, as in a few days to resemble skeletons, and they were affected with lipothimia upon the least motion of the body.

In the beginning of the disease, many were subject to retching and vomiting, and rejected the remains of their food, with mucus and bile; but this symptom soon disappeared. Some, through the whole course of the disease, rejected all the food, drink, or medicine that they took, which was very generally a fatal sign. Very many were neither troubled with retching or vomiting. Some complained from the access, of a bitter, putrid, or mucous taste; in others, a depraved taste supervened in the course of the disease. Very many retained their natural taste, through their whole illness. Many, from the beginning to the end, had the tongue covered with a white, yellowish, or brown mucus; but it was very common to see the tongue clean and natural, through the whole complaint.

In two instances, aphthæ were observed covering the tongue, mouth, and velum pendulum, and as I had formerly noticed in dysentery, presaging death.

In many, there was no appetite for food, and when it was taken, the pain, tormina, and dejections were aggravated. It was not rare to find, through the whole disease, a tolerable appetite, and a good digestion. A great number were afflicted with a burning thirst, which could be scarcely extinguished; while others had no thirst at all. In some, I could not observe a shadow of fever;* in others, the fever was slight; in very many cases, the

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* In almost every case of typhus, pneumonia, dysentery, &c. where there *is said* to be no fever, there really does exist that peculiar kind of fever, called by Darwin *paresis inirritativa*, in which heat of skin and increased frequency of pulse are wanting, though other symptoms of fever are abundantly manifest. *Trans.*

fever was extremely violent. The pulse, as in most diseases of the bowels, was very various, being as regular in some as in health. In others, it was small, contracted, hard, and frequent. In certain cases, it was extremely frequent, and particularly in the nervous and putrid kinds, it was so small and so much accelerated, that it could be scarcely felt, and could not be numbered.

In the dying, and even some days previous to death, the hands and feet were often as cold as marble, and the pulse at the wrist imperceptible, though the sense of feeling and the power of motion in these members remained. I noticed no case of recovery, where these horrid symptoms occurred.

The urine was but sparingly excreted, and on account of its being mixed with the fecal evacuations, it could be rarely examined. Many complained of heat and pain in its emission, which was always a bad omen.

Worms were occasionally evacuated upwards and downwards, and their presence always increased the danger. In some children there was a continued tenesmus, and a prolapsus of the rectum. In one, there was an inguinal hernia. Some women, previously healthy, had a paralysis of the arms from the beginning; and my prognosis, that it would prove fatal, was verified.

In a very few, the dejections consisted of nothing but pure blood; in others, they were only mixed with blood. The excretion of blood did not render the disease more fatal; in the inflammatory variety, it was even beneficial. The vulgar idea, that what is called white dysentery, in which mucus only is evacuated, is more dangerous than the sanguineous, was not verified by our experience.

I observed no difficulty about the chest, where there had not been some previous pulmonary affection; but towards the close of the disease, some were affected with anxiety and constriction of the chest, with difficulty of breathing and speaking; which inevitably showed that death was at the door.

At the access, the skin was rough and dry; but towards the close, it was soft and moist. A miliary eruption sometimes appeared, but it produced no melioration.

The condition of the vital powers, varied in the different varieties of the disease, according to its severity, duration and kind. They who had only light pain and few evacuations, quickly recovered, and suffered but little loss of strength, which was speedily restored. Others who were harrassed with great pain, and frequent and copious evacuations, and those whose disease was of the nervous or putrid variety, experienced a terrible and dangerous debility. I have seen men as stout as the *athletæ*, exhausted and dying on the third or fourth day. Some who had not a very severe complaint, and were soon free from their disease, required several weeks to recover their lost strength.

The duration of the disease was very various. Many who were affected with simple dysentery, if they speedily applied for assistance, were restored in one, two, or three days. Others were confined with this tedious and oppressive malady, two, three, or four weeks; and in some instances, the disease was so obstinate as to confine the patients to their beds, six, seven, and eight weeks; though after having passed through such intolerable danger and distress, they at last escaped with their lives.

Equally hazardous and terrible, and indeed worse than the dysentery itself, were some of its sequels. Two who had been affected with putrid dysentery, were seized with gangrene of the legs, and yet recovered. Many were tormented with ascites and anasarca; though all but three of these cases terminated favourably. One of these died of exhaustion; another of gangrene of the legs; and the third, not attending to my prescriptions,

fell a sacrifice to his own imprudence. Some, who laboured for a long time under indigestion and lientery, finally recovered under a course of proper medicines.

It was not uncommon for the dysenteric matter to migrate (so to speak) from the intestines to the eyes, head, knees, or to the superior and inferior extremities. I was always pleased with this metamorphosis; since metastases of this kind, from a more noble to a less essential part, involve less danger, and are less difficult to be treated, than dysentery. Some were for a long time afflicted with a troublesome tenesmus, which was very difficult to cure.

The principal crisis of this disease is sweat. Nothing is more salutary, than a moist skin, and a universal sweat. The earlier the sweat appears, the more general it is, and the longer it continues, so much the sooner are the sick free from danger and apprehension. By this means, are the tormina, tenesmus, and frequent dejections, removed. I have frequently seen the disease, almost as quickly removed, as it had begun, by the breaking out of a general sweat. It was very dangerous, when sweat could not be excited, which was unfortunately very often the case, in those patients who were continually getting out of their beds. Without sweating, I saw no one recover.

Was this disease ever brought to a crisis by purging, or by spontaneous evacuations? I shall not answer this question very positively; but I will say, that if evacuations are ever critical, it must be in the bilious dysentery. There has sometimes appeared to be a crisis by the urine. Occasionally, vesicular exanthemata and ulcers were noticed, as being attended with a great alleviation of the disease. When there was a metastasis to the external parts, the dysenteric symptoms immediately ceased.

I saw one case, in which death occurred from the dysenteric fomes being transferred to the breast; and also one, from a colliquative hemorrhage. A great exhaustion was the cause of death in others; and many failed from paralysis or spacelations of the abdominal viscera, which had been previously inflamed. There was the greatest mortality among the last description of cases. Infants were frequently destroyed by convulsions.

As I am only writing sketches of practical medicine which I have personally observed, I do not pretend to describe every possible variety of dysentery, but only a single epidemic.

If the nature of the disease is to be determined from the number of its victims, this dysentery which prevailed epidemically among us, would appear to be of a very malignant character. In the diocese of Mille, containing 5150 inhabitants, it destroyed 151 persons, and in the whole principality of Osnaburg, containing 126,000, more than 1500. When it is considered, that the common people rarely apply to a learned and experienced physician, but imprudently trust their life and health to rude and ignorant empirics and medicasters, and in the first stage of dysentery rashly employ astringents—that the infamous spirit, called whiskey, is their usual anchor of hope—that when they escape with life, from the violence of the disease and the rude treatment of empirics, it is owing to the iron strength of their constitution—that in consequence of absurd treatment, a great multitude of the peasantry is yearly lost to the state, by premature death—that it seems to be almost miraculous that such numbers should still survive, after so absurd a practice—taking all these circumstances into consideration, the large number of deaths is no sure sign of the malignancy of the epidemic. If a disease can only be properly called *malignant, when the vital powers immediately, from the very access of the disease, are sunk in a wonderful and inexplicable* manner, (malignus appellatur, quando vires vitales statim a morbi introditu mirando et non explicando modo collabescunt,) and when it is not restrained by the methods of treatment and the remedies which have been

most approved by the most learned and experienced physicians, though they have been employed with skill, caution, and diligence, and have been exhibited at the proper time—under these views, I cannot pronounce our epidemic to have been generally malignant in the highest degree. Of 282 in Mille and the adjoining places, whom I treated for dysentery, 26 died of the disease, and two of complaints which were its sequels, being 9 7-8 per cent. Among these, there were six cases only, which I could absolutely pronounce to be malignant, and entirely beyond the reach of art. Though so extensive a mortality is greatly to be lamented, yet it is a subject of much consolation, that two hundred and fifty-four recovered, after having had a disease that was generally attended with great peril, and was never free from imminent danger. Out of ninety patients, labouring under a dysentery that was generally of a mild character, the distinguished Hufeland lost eight, though they were in an hospital, under his immediate care, where he had the attendance and assistance of his pupils.

In a part of the fatal cases, I was not consulted till the disease was in its last stage, and the patients were upon the very borders of the grave. Some were too obstinate and refractory to submit to my course of medicine and regimen. In others, there was a deficiency in nursing, as well as in the administration of the remedies. Many had previously taken improper and hazardous medicines, which produced a deleterious effect, which I had not skill enough to overcome. Six of the deceased were infants, from one to five years old, to whom medicines proper in kind and quantity could not be administered. Several were previously broken down by disease, or by age; and there were five between sixty and eighty years of age, whose cases proved fatal.

More might perhaps have been restored, if I had not been oppressed with such an excessive crowd of business; for, by the first of October, I had already had more than three hundred patients, including my practice of every description, since the disease had become epidemic. Every experienced physician must know, how difficult it is to obtain correct information concerning particular diseases from narrations, letters, and even from messengers—that things of great moment may be concealed from him—and yet, groping his way in the dark, and relying upon general principles only, he is often obliged, when he has a great number of patients, without seeing them at the time, to make prescriptions.

I am free to confess, that the medication (medicatio) of the dysentery of this year was surrounded with difficulties. All kinds of dysentery, simple, bilious, inflammatory, putrid, and nervous, were raging extensively, confusedly, and promiscuously, being often complicated together, and passing into each other, forming various shades and combinations.* There was need of an experienced and acute eye to discriminate and explore the abstruse nature of the disease, as well as an expert and ready genius, in all these various and unstable conditions, in order to adapt the best treatment and regimen to the particular cases. I have very often observed, in the same house and family, four distinct varieties of dysentery existing at the same time. He who attempts to treat all the varieties of dysentery by the same means, or the same method, will necessarily make a great slaughter. This is probably the reason, why this pestilence of the year 1800 ruled, as with an iron sceptre, over the common people, and destroyed such an immense

* Dr. Schmidtmann in the volume from which this account is extracted observes, that this year was an exception to the general law, that the *epidemic constitution gives a uniform character to all diseases;* for this season, in the same family, inflammatory, nervous, and putrid cases, were often seen together.

number of them. The greatest part of those who are called doctors by the peasantry, are ignorant that there exist varieties, modifications, and divers complications in dysentery; and they have not skill and sagacity to distinguish them, to separate them, to resolve them into their elements, and to treat them in an appropriate manner.

The opinion, which I defended publicly in 1788, and in 1794, that dysentery is truly a *rheuma* and *catarrh* of the intestines, and that it is caused by the rheumatic stimulus affecting the colon and rectum, (which Stoll, Van Geuns, Paulizky, Volger, Richter, Frank, and Vogel, have demonstrated by unanswerable arguments,) was most strongly fortified by the arguments which were collected this season.*

A woman labouring under a catarrh, upon its sudden disappearance, was attacked with dysentery; a man affected with cough and catarrh, as they left him, was seized with dysentery; a girl was attacked with putrid dysentery, on the very day that an erysipelas of the face disappeared; another girl was seized with an inflammatory dysentery, the day after she had been relieved of a rheumatic odontalgia; a noble lord, after the dysentery, was affected with ophthalmia, and a painful rheuma of the knees; in another person, as the dysentery ceased, ophthalmia supervened; and in a third, after the dysentery there was a universal rheuma of the head; a girl was attacked with rheumatism of all the joints, immediately after the dysentery had ceased; the same thing happened to another. I might accumulate similar examples, but these are sufficient.

Whoever deliberately considers these facts, as well as those cited by the medical authors whom I have mentioned, will think it wonderful that any one should deny that *dysentery is a rheumatic disease*, and should think that it depends upon a specific miasm. It is true that we can no more distinguish the nature of rheumatic matter, than the hypothetical dysenteric matter; but we know it by observing from the earliest times its symptoms and effects, as well as its method of treatment. We want this knowledge concerning dysenteric miasm, and this fictitious matter again casts us away upon a *terra incognita*. The theory and practice of medicine lose much of their certainty in the pursuit, when we search after new and unknown morbific causes, after we have once found a cause sufficient to account for the phenomena.†

When it is agreed, that from the preceding arguments it is probable, that rheumatisms and catarrhs do not proceed solely from refrigeration, but that when they prevail epidemically, there is a foreign matter diffused in the air, which by the absorbent vessels of the lungs and superficies of the body is taken up, and by its irritation excites such diseases as rheuma, catarrh and dysentery, all those difficulties are removed which occur in the common

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* Dysentery often prevails in tropical regions, where rheumatism is very rare. Our author seems to lay too much stress on the district where rheumatism appears to be endemic, and consequently is liable to combine with other complaints. Dysentery and rheumatism are each a disease *sui generis;* and they generally have their seats in different tissues of the body.—*Trans.*

† The learned Dr. Schmidtmann, in common with most of his countrymen, appears to adhere to the ancient theory, that febrile diseases are owing to certain fomes, or *morbific* matter, being in the system, which must be expelled before health can be restored. Instead of any peculiar offending matter, dysentery appears to consist in an inflammation *sui generis* of the mucus membrane of the intestines, which is neither phlegmonous nor erysipelatous, nor rheumatic, but *dysenteris;* and the attending fever may be either synocha, or synochus, or nervous, or putrid, or intermittent, &c.—*Trans.*

method of explaining the exciting causes. Upon our principle, there is no need of a contagious fomes, like that of the small-pox, to account for the propagation of dysentery.

In my dissertations which I have referred to, I long since asserted, that dysentery was not so contagious as is commonly supposed. This new epidemic has strengthened my former opinion. In many families and houses, one only had the dysentery, while the other members escaped. Many mothers nursed their children while they had the disease, slept with them in the same bed, and yet remained free from the complaint. I was myself, from dawn till late at night, constantly in a dysenteric atmosphere; with a determined mind, I was over the beds, in the small and dirty dwellings of the poor, and frequently examined the feces of my patients; but I escaped the disease. Both theory and ample experience, as I think, show that the simple, inflammatory, and bilious varieties are not contagious. It however seems probable, that putrid and nervous dysenteries are propagated by infection; for, when one of a family was labouring under either of these varieties, for the most part several, and often all of the other members of the family were attacked; though all who appeared to derive their dysentery from contagion, did not have the putrid kind.

My treatment varied according to the different variety of dysentery, according to the various complications and degrees, and according to the several stages and the progress of the disease.

The principal indication was, to appease and lessen the immoderate excitement and spasm of the intestines, especially the affection of the colon and rectum; to rheumatic stimulus, by increasing the secretions and excretions, more peculiarly the transpiration of the skin and lungs; to obviate the secondary irritations, and to prevent new ones occurring, these three points should always be kept in view.

Upon the access of the disease, (*when the vital powers were not too feeble, and there was no vestige of inflammation of the intestines,*) in the treatment of every variety, except the inflammatory, I began with a light emetic; and in the end, I preferred ipecacuanha, on account of its milder effect, and for the following reasons—

First—That, to the excitement in the colon and rectum, I might oppose an *antagonistic* action in the stomach, especially on account of the various and intimate consent which the stomach has with almost the whole system, relying upon the fact, that a strong excitement produced in a remote part, particularly sympathizing with the suffering part, often extinguishes or very greatly lessens the irregular excitement in the part that is morbidly affected.

Secondly—That I might remove the cutaneous spasm, and recal and increase the Sanctorian perspiration.

Thirdly—That I might evacuate the indigested sordes and various gastric secretions, and thus prepare the way for the future remedies.

By one emetic I often overcame cases of mild dysentery of the simple or bilious varieties, in twenty-four hours.

Though I am persuaded, that bilious sordes never produce real and genuine dysentery, but that it depends upon a rheumatic stimulus, still from experience I am equally and certainly persuaded, that when they abound they are not to be overlooked, since as secondary stimuli they may excite terrible and very dangerous tumults, which, as I have often observed, a single emetic or cathartic frequently appeases.

In some, the phenomena of gastric sordes were apparent before the attack of dysentery; in many, they arose with the dysentery; and in most cases, they appeared in the progress of the disease. In the first and second cases, after the vomiting a purgative was administered without delay. However, I by no means employed rhubarb, though it has at times been much

extolled, and also as much condemned in this disease; for, it evidently exasperated the tormina and pain of the abdomen, as well as the tenesmus. I therefore laid it aside, though by the more ancient physicians, and lately by Hunius, it has been of high repute in dysentery. Manna and tamarinds, with a little Glauber's salt and cream of tartar, combined with mucilage of gum arabic, were frequently employed. But much more frequently I prescribed castor oil, or the laxative oil of Volgerius, with the most beneficial effect. The latter medicine is excellent, if the resin of jalap with the soap and oil is properly combined; and it is as safe and mild as castor oil, which is apt to be rancid, besides being a much dearer article. Having made many trials with this factitious oil, I can confidently recommend it. In dysentery it mitigates pain, appeases the vehement excitement of the intestines, obtunds acrid matter, and gently removes it.

In the third case, when bilious saburra only supervenes in the course of the disease, as a symptom, and only of the excitement of the large intestines communicated sympathetically to the biliary system, for the most part, I proceeded without noticing it; for, unless the saburra very greatly abounds, it will do no injury, and will spontaneously disappear under the use of demulcents and diaphoretics.

In simple and in bilious dysentery, after the emetic, and after the cathartic also, when it was needed, I at first prescribed nux vomica according to the directions of Hufeland, who had found this article very valuable in the dysentery at Jena, in 1795. It did not answer my expectations. Knowing that the intestines of the Westphalians were generally less susceptible than those of the Saxons, I increased the dose, giving every two hours from two to two grains and a half of the extract. It was now more efficacious, and mitigated the pain; but it seemed to increase the tenesmus. When antimonial wine was added, the tormina and pain were aggravated, which was a sufficient reason for rejecting antimony in the dysentery of this year; and besides, it did not promote sweating.* In children, very generally, the nux vomica, on account of its bitter and nauseous taste, could not be employed. Having failed in these trials, for the future I ceased to rely on it, though there was commonly a portion of it in the arabic emulsion, which was much used.

I placed my principal reliance upon the juice of the poppy, that divine, and when administered with a skilful hand, potent medicine, of which in dysentery I would not be deprived upon any consideration. It is in the joyful recollection of many men who were harrassed with the most dire distress in the bowels, I recollect it myself, how earnestly they begged of me for those brown drops, the liquid laudanum of Sydenham, which like a charm removed their racking pains, mitigated the most urgent tenesmus, and restored sleep of which they had long been deprived—all this I can assert, and can still state more in its favour.

The apprehensions and cautions of many physicians, arising from the false conception that dysentery is a mere saburral disease, are exaggerated and without any foundation against this excellent remedy, provided it is properly employed. I have never observed any injury from it in this disease, when it is administered with an experienced hand and prudent counsel, but it has always been of manifest advantage. If there is any malady in which opium may be extensively administered without fear, though with circum-

* In *nervous* fevers antimony generally fails of exciting sweat, and it often produces an irritation, counterfeiting synocha; or on the other hand, it causes a debilitating, colloquative perspiration, which is very exhausting. In extremely large doses, it is said either to sink the patient immediately, or to excite such a severe irritation, as to require the lancet and other vigorous means to suppress it.—*Trans.*

spect boldness, it certainly can be done in dysentery; and without doubt, this scourge of the human race would never have destroyed so many thousands of mankind, had not physicians, blinded by erroneous sentiments and prejudiced opinions, discarded opium from the practice in dysentery.*

Opium stops vomiting, generally removes the bitter taste, mitigates or suspends heat, tormina, the racking pains of the bowels, and the excruciating tenesmus, restrains the peristaltic motion of the intestines when the dejections are too frequent, and checks the most copious evacuations, produces sleep for the sick when their strength is exhausted, while its effects remain; gives oblivion to harrassing anxiety, relaxes the spasm of the skin, and increases its action, by which means sweat which is so necessary and salutary appears; it makes the pulse larger and fuller, and gives new strength to the patient, so that after its effect is extinct he can bear with fortitude and energy of mind what pains may supervene.† It very rarely excites stupor or inebriation; and the greater is the irritation to be removed, the less is the *sensorium commune* liable to be affected. It sometimes produces wonderful images of the imagination and dreams; but they are of no consequence.

In the lighter cases I prescribed once in the twenty-four hours, in the severer twice, and in extreme cases, three, four or five times, from fifteen to twenty-five drops of Sydenham's liquid laudanum, [which is twice the strength of the tincture of opium of the shops,] and to some, I also gave Dover's powder. In children, the dose was proportioned to their age. Fever, unless it was very intense, rarely deterred me from the use of opium, since it was not the cause, but the effect, of the rheumatic stimulus irritating the intestines; and this affection opium happily calmed and removed. In urgent necessity only I interposed an emetic or cathartic, because opium does not very well agree with gastric sordes.

Volatile liniment was applied to the abdomen in all the patients.

Inflammatory dysentery, under which many laboured, was at first treated like enteritis. In several it had this character from the access; in some it supervened on account of their peculiar constitution, or from the use of improper, heating, astringent, and obstructing remedies. In proportion to the vehemence of the inflammation, I bled once, twice, thrice, and occasionally four times, till phlogosis was subdued. Emulsions of the oil of linseed, olives, and almonds, with the extract of hyosciamus and gum arabic, combined with camphor, were administered; and I often employed calomel and opium. The abdomen was fomented, or it was soothed with anodyne cataplasms. After the inflammation was principally subdued, opium was used more freely, and a blister was applied over the bowels. Hyosciamus, as it was uncertain in the dose, and not diaphoretic, was not of much service.

In this variety, gastric saburra was not rare; but in the beginning I did not dare to employ cathartics, or even emetics, considering that they might exasperate the phlogosis, and be followed by instant death. Wherefore, the mildest laxatives were never administered till after the inflammation was completely overcome, [by bleeding] and then they were immediately followed by opium.

In five cases, this dysenteric enteritis was complicated with a nervous state of the system; than which not a more perilous situation in human life

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* Sydenham is more ardent than Schmidtmann in the praises of opium, and piously thanks the Supreme Being for the gift. He employed it very freely in small-pox, colic, cholera, dysentery, and in coma and atonic affections of the brain.—*Trans.*

† In dysentery, and other painful and low diseases, after it is advisable to begin with opium, its doses should be so adjusted in frequency and quantity, as never to suffer its effects to go off while there is any danger of the symptoms supervening for which it was first administered.—*Trans.*

can be imagined.* The retchings, vomitings, and evacuations from the bowels, were infinite; and to them were joined indescribable pains and extreme exhaustion of the vital powers, so that sphacelus speedily supervened. I was unable to restore one of these patients. Very small venesections, emulsions of camphor, calomel and opium, and blisters were tried; but, all in vain.† I can truly adopt the language of Thucydides concerning the plague of Athens; "*they equally did with or without medical aid.*"

A considerable number of my patients were affected with the putrid variety of dysentery, either in the beginning or in the progress of their disease, attended with bilious sordes. They complained of a bitter, putrid taste; the tongue had a yellow, blackish fur; tormina of the intestines were but little noticed; the fever was intense, with insatiable thirst; the vital powers were sunk from the first, and in one patient so much so, that on the second day he was as rigid as a corpse, and continually and unconsciously defiled his bed with his feces; nevertheless he recovered! The pulse was small and scarcely perceptible; the abdomen was tympanitic from putrid gas; the matter which was continually excreted from the bowels exhaled an intolerably cadaverous fetor; and with some, hemorrhage from the mouth and nose, and petecchiæ preceded the closing scene. Two fortunately recovered, after having been seized with a sphacelation of the feet.

In those cases in which there was a great deficiency of strength, I abstained from evacuation. Where the patient could get out of bed without assistance,‡ I began with a light emetic, except in those cases in which I preferred a mild purgative of manna, cream of tartar and tamarinds. After this, without delay, as there was a collapse of the vital powers, I proceeded immediately to the exciting and supporting practice, and prescribed wine, and the decoction of cinchona, arnica, and angelica, with camphor. The oat and barley decoction, acidulated with muriatic acid, was directed for drink. The body was bathed with wine or with brandy diluted with water, and sinapisms were applied. The liquid laudanum of Sydenham, with vitriolic æther, was also employed. When the enormous and debilitating evacuations could not by these means be restrained, alum or the extract of the wood of Campeachy was added with much benefit.

The root of arnica having been latterly much extolled in putrid dysentery, after having been fairly tried disappointed my expectation, and in the latter cases I only employed it as an adjuvant in combination with other remedies.

Nothing was more fatal than the combination of this putrid variety with an inflammation of the intestines; such cases were always mortal.

It was of this putrid dysentery, which Zimmermann justly calls malig-

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* Why not in these cases employ opium, and stimulants externally, in the freest manner, attending to the *general* indications only, overlooking every minor consideration? Such practice is often successful in dysentery, and even in affections of the brain, when they are complicated with typhus.—*Trans.*

† Calomel is probably never of service in malignant *nervous* fevers. They are *below* its reach.—*Trans.*

‡ Our author seems to confound *muscular strength* with *vital energy*, which is often productive of pernicious consequences. In many malignant cases, where the vitality is nearly exhausted, what little remains is almost solely confined to one part of the system, and if this is the muscular, though the pulse of the wrist may have been gone for hours, the patient can often use all his limbs, can sometimes walk, and the strength of three men is occasionally necessary to confine him to his bed, while he is in *articulo mortis*.—*Trans.*

nant, that most of the patients whom I lost died, though I saw many instances of recovery from this terrible form of the disease.

As far as my information extends, no writer, except Richter and Vogel, has accurately discriminated between the *nervous* and *putrid* varieties of dysentery.* As in the nervous dysentery there is rarely any bilious colluvies, evacuations are not often indicated. I rejected all acids whether vegetable or mineral and prohibited them altogether.† In the first place I prescribed wine and cinchona, and to these were added the most volatile and penetrating excitants; such as serpentaria, arnica, musk, camphor, naphtha, opium, and Hoffmann's balsam of life. These are the principal peculiarities in the treatment of nervous dysentery.

According to the variety of dysentery, the different kinds of food which are generally used by the sick were regulated. In simple and in inflammatory dysentery, all stimulating articles as well as acrid articles, summer fruits, (when not cooked) whey, buttermilk, and salt provisions, were prohibited. A convalescent from inflammatory dysentery ate privately a salted herring, which caused a fatal relapse. The best drinks were emulsion of almonds, ptisan of barley, oats or rice, sweetened and flavoured with the juice of lemons, or infusion of linseed, and sweet milk diluted with water. Milk, and the broth of fowls or veal, were proper food, as well as gruel from the kinds of grain which have been mentioned. In bilious and inflammatory dysentery, acidulous food and drink, ripe summer fruits, (when cooked,) and acids were proper, though they were manifestly injurious in the other varieties. In the nervous kind, the drinks should be mixed with wine and be seasoned with aromatics, or should consist of animal broths.

All the sick, without exception, were enjoined to keep their beds, and to have a pan placed under them during their evacuations, in order to prevent their being chilled, and having their perspiration suddenly checked. By many intermeddling people, I was censured and ridiculed for this caution, but the event fully justified this regulation.

After the dysentery, a pepsia and dyspepsia were frequently its sequels, but they generally yielded quickly to the bitter extract mixed with a little of tincture of rhubarb. Some of the convalescents were troubled with a painless diarrhœa and a lientery. A strict attention to diet, columbo, lichen islandicus, lysimachia, cascarilla, lignum campechianum, tincture of rhubarb, opium, and in the most obstinate cases kino, vesicatories to the abdomen, with much care to prevent a sudden check of perspiration, were the means that were always employed with success. No symptom was more obstinate than tenesmus; but it was in the end removed by epispastics over the abdomen and os sacrum, Dover's powder, dulcamara, aconite, camphor in conjunction with opium, and mucilaginous enemata.

Metastases of the rheumatic matter to external parts very generally yielded quickly to antimonials, dulcamara, aconite, camphor, and Dover's powder.

Dropsy was among the worst of the consecutive diseases. I had twelve of these cases; all of them the sequels of a very malignant dysentery. The

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* There is the same confusion in authors between nervous fever and putrid fever, and though they are accurately discriminated by Huxham, they are confounded by Cullen himself, but his typhus mitior is generally nervous, and his typhus gravior is commonly putrid. In reality, nervous fevers are full as often malignant as the putrid, and more frequently so in northern countries. There may be a great deficiency of vitality without the least putrescence.—*Trans.*

† In nervous fevers, the surest means to derange the stomach is the indulgence in vegetable acids, though they are more admissible in putrid fevers; and in the latter, mineral acids are very salutary, and often indispensible.—*Trans.*

dropsy was induced by debility and atony of the solids, and dyscrasia of the fluids, whence the exhalation and absorption were disturbed. Tonics with diaphoretics and diuretics were prescribed, and all but three of these patients recovered; of whom one had gangrene of the feet, another of them died of asthenia, while the third would not attend to my prescriptions.

Enemata, though peculiarly useful in this disease, were rarely employed. Many of the patients had a great aversion to them; and many of the nurses were very unskilful in administering them. When properly given they were very evidently advantageous, and very greatly relieved the tormina and tenesmus. They were composed of a decoction of linseed, with sweet oil, with the addition of opium or nux vomica. When they were considered as injurious, I believe, it was owing to some defect in the administration.

For the prevention of this disgusting and terrible pestilence, I recommended the greatest temperance in eating and drinking, to avoid food difficult of digestion, a moderate use of wine or brandy, to beware of being suddenly chilled after the body had been heated, and to avoid cold food or drink when there was internal heat. Great care was necessary to use proper clothing, as a defence against a sudden check of perspiration; on which account, I urged the common people not to go barefoot, as is their custom in warm weather. Besides, I recommended elixir and extract of gentian, and of Campeachy wood, with the essence of angelica, Huxham's antimonial wine, and elder flower water; and as far as I could learn, all who pursued this course strictly, remained exempt from the pestilence, to my greatest satisfaction.

The distinguished Richter very pertinently observes, that "he has more merit who foresees the danger of a threatening disease and repels it at its first access, than he who after it is completely formed opposes it by the more doubtful efforts of art. It concerns all to know when their health is in danger, and to be warned against the insidious attacks of disease."

I followed the laudable suggestions of Richter with all my powers, and warned people to beware of an attack from this most atrocious enemy of health and life, and caused these rules of mine for guarding against the dysentery, when it began to prevail, to be read from the pulpits of the churches of the neighbouring villages. And how happy should I be, if by this means the health and life of any man has been preserved!

I am unwilling to close this relation, without noticing the beneficent and very humane institution of the more opulent citizens of Melle, to which without doubt is owing the restoration of many to health. Owing to the great number of the sick, many were destitute of proper medical attention and suitable food. Funds were raised, and a dispensary provided, where broth and other aliment were provided, by means of which many were nourished, and their strength which had been wasted by a debilitating disease was restored.

In confirmation of what has been stated, I will subjoin the history of some cases of dysentery, which appear to me worthy of record.

### CASE OF INFLAMMATORY DYSENTERY.

A girl, twenty-three years of age, of very irritable temperament, though robust and healthy, for several days had been affected with rheumatic odontalgia, which suddenly disappearing, with the celerity of lightning she was seized with dysentery. At 11 o'clock in the morning she was groaning with tooth-ache, and at 3 o'clock in the afternoon, she was harrassed with dysentery.

In the same house, a cousin of hers lay sick of nervous dysentery, and at the same time a female servant, of bilious dysentery.

*September* 28, 1800. Upon investigating the case, I could discover no evi-

dence of saburra in the primæ viæ. The Arabic emulsion with camphor and extract of hyosciamus was prescribed, and morning and evening Dover's powder. A blister was applied to the cheek or the side that had lately been affected with pain.

29. Retching, pain of the abdomen without remission, and in the left hypochondrium and groin, which was exasperated by pressure of the hand; frequent evacuations from the bowels, mucous, frothy, bloody, with tenesmus; fever. Venesection, ten ounces.

30. Blood that had been taken covered with a pleuritic crust; continually retching and vomiting; pain of the abdomen increased; dejections yellowish, greenish, very bloody; tongue, before clean, now sordid; taste bitter and intense thirst; acute fever with great heat of the body. The continual irritation of the gastric system, necessarily produced an effusion of bile. Laxative oil of volger; volatile liniment with camphor and opium to the abdomen.

*Evening.* The oil rejected by vomiting; continual and very severe pain in the abdomen. A second venesection of ten ounces; thrice in the twenty-four hours, calomel, opium and camphor, a grain each.

*October* 1. Pleuritic crust upon the blood last drawn; retching, vomiting; the matter ejected, porraceous, green, very bitter, acrid to the mouth and teeth; similar matter evacuated from the bowels; the most distressing tormina. Although the disease was purely inflammatory, bilious symptoms were excited, which produced an intricate complication; still, the morbid bile appeared to me, but an accessary and secondary symptom, that might be removed by mild means. Since oil, otherwise highly indicated, might increase the nausea, I prescribed the arabic emulsion with manna, and at the same time enema of mucilage of linseed and oil.

In the evening, there were six very fetid and putrid evacuations of feces.

2. Putrid evacuations continue; retching and vomiting; tormina increased to the highest degree, and the abdomen does not bear the slightest touch, not even the weight of the bed clothes, it being tense, hard, and as hot as if it contained fire within; full pulse, hard, quick, tense;* the patient was very much debilitated. Venesection the third time, nine ounces; blister to the abdomen; decoction of salep, with extract of hyosciamus and syrup of diacodium; calomel and opium.

3. Tormina lighter; pulse rather full and more frequent; fever intense; sense of debility less. Since the nausea and vomiting were so constant that every thing taken had been rejected, I was confined to laudanum alone.

4. Tormina severe; tongue clean; great erethism of the stomach, rejecting every thing; dejections fewer and less fetid; mucilaginous enemata with nux vomica very greatly mitigate the tormina and tenesmus. Every hour, ten drops of laudanum. [Supposed to be equal in strength to twenty drops of tincture of opium.]

5. Catamenia appear, sooner than ordinary; perhaps the tendency to them yesterday aggravated the tormina, which symptom is much mitigated to-day, and there now seems to be some hopes of recovery. Every four hours, twenty-five drops of laudanum.—[*Sydenham's.*]

6. A happy change, to appearance. Pain of the bowels slight; dejections not frequent; catamenia continue. Decoction of lichen islandicus with extract of nux vomica.

7. Pains of the abdomen increased last evening, certainly on account of the laudanum being too sparingly taken. Thrice in the day, thirty drops of laudanum.

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* Almost all writers maintain, that in enteritis, the pulse is small, weak, and contracted; I have often seen it large, full, hard and vibrating, in a real enteritis.—*Author.*

8. Abdomen swelled, but free from pain; no dejections or tenesmus. An emollient enema. In the evening, much fever; tumor of the abdomen somewhat subsided; nausea and vomiting ceased. Mucilaginous drink, acidulated with muriatic acid; plaster of galbanum to the abdomen.

9. Sleep, which had hitherto been wanting, is very refreshing and strengthening; but little pain, or tumefaction, or hardness of the bowels.

From this time, convalescence proceeded rapidly. The opium was diminished gradually; for when it was too suddenly abstracted or lessened, the tormina returned with frequent dejections.

19. Tongue very foul; no fever; every twenty-four hours, two or three griping evacuations. On account of the debility of the digestive powers, a mixture of extract of cascarilla, gentian, nux vomica, tincture of rhubarb, and water of peppermint, was prescribed.

21. No more dysenteric symptoms.

22. As the rhubarb nauseated, an elixir made of extract of angustura, columbo, and water of peppermint, was substituted.

31. By these means, with the exception that the strength remains as yet rather deficient, the patient is restored to health.

This is a case of dysentery manifestly arising from the retrocession of a rheuma of the teeth. The appearance of the catamenia was very serviceable; but I have often observed this circumstance in acute diseases, when it was of no advantage. [In addition to the relief supposed to arise from the catamenia the half ounce of Sydenham's laudanum, which was taken the preceding twenty-four hours, must be also supposed to have had an important effect.—*Trans.*]

### CASE OF PUTRID DYSENTERY WITH GANGRENE OF THE LEGS.

A man, fifty-five years of age, by trade a wool-spinner, who had been labouring three days under a bilious dysentery, applied to me September 26, 1800. I directed an emetic, and after its operation a purge of Glauber's salt and tamarinds.

*Sept.* 27. His strength was very greatly collapsed after taking these remedies; the dejections were profuse and extremely fetid. Powders of gum arabic, arnica, and camphor.

29. Tongue foul, covered with a blackish-brown mucus; taste putrid and bitter; great thirst, and a longing for acids, with an aversion to food; dejections profuse, mixed with blood; intolerable tormina and tenesmus; great debility; pulse quick, small. Decoctions of arnica and cinchona, with camphor.

*Oct.* 1. In the same condition, feces intolerably fetid. The same medicines, and cream of tartar.

3. Taciturn delirium; temulentia; stupor; hearing impaired; answers slow; countenance sunk; muttering; teeth and gums sordid with a blackish matter; tongue covered with a fuliginous crust; breath fetid; dejections most offensive, and passed unconsciously; urine scalding. Decoction of cinchona, arnica, and serpentaria, with camphor and laudanum. Epispastics to the legs. For drink, water acidulated with muriatic acid, and generous wine.

5 and 7. The same symptoms. Fetor cadaverous; skin dry, hot, sprinkled with petecchiæ; picking the bed-clothes; pulse small and weak; lying on the back, and sliding to the foot of the bed; the places where the blisters were applied purplish and livid on both legs. The same remedies, and cloths wet with vinegar over the places where the blisters had been laid.

9. No change.

11. Febris gangrenosa; gangrene not only where the blisters had been laid, but over the os sacrum. Powder of cinchona, myrrh, and camphor, to the sphacelated places.

13. Same symptoms; continual delirium; perpetual discharge from the bowels. The same remedies. Sinapisms.

15. Viscid, oily sweats; gangrene is extending, the places of it being as large as the palm of the hand, and becoming deeper.

17. Better; has his reason; dejections less frequent; abdomen, which had been before tense and tumid, subsiding; gangrene stayed, and suppuration commencing in its stead. Digestive ointment, with myrrh and camphor to the ulcers.

19. Gangrene subsided, and healthy granulations appearing; the gangrenous parts sloughing off; symptoms of dysentery very mild; appetite for food returning. The same medicines, and restorative diet.

21. Stupor gone; sleep natural and refreshing; dysentery is converted into a moderate diarrhœa without pain; good appetite; slight fever; increased strength; a healthy but profuse suppuration from the gangrenous parts. Balsam of Arcarus with the powder of cinchona to the ulcers.

24. Ulcers still deep, but smaller; strength improving; very slight diarrhœa; feet oedematous. Elixir of extract of cinchona, cascarilla, tincture of juniper, opium, juniper water. Wine.

27. Improvement, but slow on account of the great secretion of pus. Unguentum nuritum to the ulcers.

By this method of treatment, in the course of two months the patient recovered perfect health, and survived twelve years. He finally died of phthisis pulmonalis.

The wife of this man, ten days after his attack, was seized with an inflammatory bilious dysentery, of which she was cured by venesection and evacuants.

## *Remarks by the Translator.*

Several other cases are reported, but these two being among the most interesting, are sufficient to select, as specimens of two different varieties of the epidemic in its severest form. It is to be very much regretted, that the second case, though the symptoms are stated with great appearance of accuracy, should leave us so much in the dark concerning the practice that was pursued with such eventual success. It is not of mere curiosity, but a subject of the highest importance, to know the quantities of opium, (the favourite remedy of our author, and as highly indicated as in any case upon record) cinchona, and wine, which were necessary to combat successfully such an imminent and deadly train of symptoms. Formerly, physicians were afraid to hazard their reputation by publishing such tremendous cases, and the Herculean practice which they required, and the public were left in ignorance as to the treatment; so that each practitioner when he happened to meet with a malignant disease, had to grope his way in the dark, and to traverse an unknown coast without chart or compass. In his turn, in common with his predecessors, he felt a reluctance to publish his own discoveries, unassisted by the observations and reports of others. In the present day of science and improvement, it is to be hoped, that no skilful and scientific physician has any hesitation to avow his opinions and practice; and least of all, should we be inclined to suspect any false delicacy of the kind alluded to, in one of Dr. Schmidtmann's high standing for his professional acquirements.

Our author appears to be totally unacquainted with the practice of removing dysentery at once, and changing the morbid action or condition of the system by administering, in an early stage of the disease, large doses of calomel, combined with opium enough to subdue the pain and irritation, and followed by opium immediately after the catharsis. This practice, it is

true, will not answer in feeble subjects, nor by any means, in really malignant cases, where there exists a great exhaustion or collapse of the vital powers; but, when the disease is not malignant, though naturally inclined to be severe and protracted, and more especially in seamen, soldiers, and other robust subjects, it is probably the most successful treatment hitherto discovered.

Where there is a great deficiency of vitality, cathartics are inadmissible, and even the mildest eccoprotics are scarcely administered with impunity. Though Sydenham told the same story a century and a half ago, concerning the value of opium in dysentery and several other diseases, still our author's remarks upon this important article are invaluable; and his observation, that thousands of lives are sacrificed from timidity in its employment, ought to make an indelible impression upon the mind of every physician, if he expects to treat with success this formidable disease.

It took nearly a century before the antiphlogistic regimen in the small-pox, which was introduced by Sydenham, could be thoroughly established. His discoveries and improvements in the employment of opium were much slower in making their way, and seem not to have made much impression, till they were partially revived by Cullen.* In the employment of opium, Dr. Schmidtmann appears to be one of the most intelligent, discriminating, and successful, of all the followers and imitators of the immortal Sydenham.

The first case appears to have been one in which the modern practice of beginning with a very large dose of calomel, combined with opium enough to check the pain and irritation, might have been peculiarly applicable. The immense quantity of laudanum, equal in strength to about an ounce of common tincture of opium in twenty-four hours, was unquestionably necessary under existing circumstances, but most probably would never have been needed, if a powerful impression had been early made by the plan here suggested.

The second case was evidently one of a very malignant kind from the beginning, and seems to have been injured materially by the cathartic. Cases of this kind very rarely admit of any artificial evacuations from the stomach and bowels, without the immediate hazard of life. Though the beginning was unfortunate, there can be no question, that in the progress of both these cases, Dr. Schmidtmann treated them with the greatest ability; and they remain as striking examples of his superior skill and judgment, in happily combatting and overcoming such a terrible combination of the most formidable symptoms.

After stating his cases, our author employs a few pages in some very candid and pertinent remarks upon the theory and practice of several of the most eminent writers upon dysentery, and concludes his dissertation by observing, that since the time of Zimmermann there has been great improvement in discriminating and treating the several kinds of dysentery; and, he might with truth and propriety have added, in restoring the ancient practice of Sydenham, by the free employment of opium, taking proper care however, in inflammatory or entonic cases, to prepare the system for it, combining with it, in such circumstances, ipecacuanha, and a diaphoretic regimen. In the malignant and other atonic varieties, the system can scarcely be too early put under its influence, which must be constantly maintained through the disease, not neglecting the other remedies which the peculiar symptoms, as well as the general state of the system demand.

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* See Cullen's Materia Medica, article Opium, where he claims the honour of recommending the free use of opium in fevers.

# PRIZE HOSPITAL REPORTS,

## No. II.

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## EDMUND W. ROBERTS, STUDENT OF MEDICINE.

### HARRISBURG, (Penn.) ALMS-HOUSE.

#### Case I.

##### SCHIRRHUS OF THE STOMACH.

David Miller, æt. 40, was admitted into the Harrisburg Alms-House, August 7th, 1827. He had been affected for two or three weeks with severe pain in the region of the stomach, and rejection of every thing that was swallowed. Symptoms on admission were, pain in the left hypochondrium, increased upon pressure; eructation and vomiting. Vomiting aggravated by the mildest ingesta, the matter rejected being generally of a dark colour, resembling coffee grounds; symptomatic fever; pulse hard, frequent, and contracted; cough; countenance pale and emaciated; anxiety and a feeling of great debility; an induration of considerable extent was perceptible below the lower end of the sternum. Directed the patient to live on a milk diet, and prescribed the following—

℞. Submur. Hydrarg. gr. xii. pulv. opii. gr. iv. M. ft. pulv. iv. sumat tertia quaque hora.

10th. Pain in the region of the stomach abated; extreme dejection of mind; vomiting so incessant that the patient could scarcely retain any thing on his stomach; induration less.

℞. Ext. Conii. ʒ ss. ft. in pilul. viij. Capiat, ter in die. Ordered wine pro re nata.

12th. Patient gradually declining; extreme restlessness and anxiety; great debility; hiccup; patient flatters himself with prospects of recovery. Perceiving that the die was cast and that all we could hope to accomplish was to delay the fatal result, to lessen the present sufferings, and smooth the passage to the tomb, he was ordered the Black drop.

14th. Patient worse in every respect; respiration difficult; a sense of coldness, particularly of the extremities; vomiting much diminished, but the epigastric distress so intolerable and inclination to vomit so tormenting, that he introduced his finger into the fauces in order to induce it, but without effect. On the following day a diarrhœa of a dark and offensive matter terminated his existence.

On dissection, the following morbid appearances were presented. That portion of the periteneum lining the muscular parietes of the abdomen was thickened to a considerable extent. Tuberculated accretions of different forms and dimensions, commonly the size of a pea, were found growing from every part of the membrane. Their consistence was not so great as cartilage, but possessed a similar structure. The diaphragm was enlarged to about eight lines in thickness and semicartilaginous, particularly about the middle, becoming softer towards the lateral parts.

The omentum was totally disorganized and soft, chiefly resembling adipose and scirrhus matter mixed with pus, lacerated upon the slightest movement or compression; it was thickened to the extent of one inch, and

covered all the convolutions of the intestines; laterally and below, it adhered to the surrounding organs only slightly; but was so firmly fixed to the fundus of the stomach and parts adjoining that it could not be separated without laceration. The stomach, and especially the part adjacent to the pylorus, had completely lost all vestige of its natural structure, and was changed into a very hard substance of a whitish colour, intersected with membranous septa. The vessels of the stomach were very much enlarged and filled with an ossified substance. The internal surfaces were ulcerated and the coats were thickened to the extent of two inches, leaving a narrow passage for the ingestæ into the pylorus. The outer membrane was enlarged to an astonishing degree and irregularly elevated towards the pylorus. The pyloric orifice was very much contracted, admitting with difficulty the extremity of the little finger; the valve was entirely obliterated. The whole superior face of the liver adhered to the diaphragm by a fine transparent membrane, with soft adipose excrescences growing from it; the parenchymatous substance did not exhibit any morbid derangement. All the remaining abdominal viscera were covered with tubercles of coagulable lymph, moderately soft, and of a yellow colour, and so intimately connected and blended together by albuminous matter, that they could not be separated without careful dissection. The thoracic viscera exhibited nothing remarkable with the exception of the heart, which was unusually small, not larger than that of a child six or eight years old; an effusion of blood, resembling petechiæ, had taken place, at the lower end of the sternum, a short time previous to his death.

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### Case II.

#### TETANUS.

*Treated by Mr.* J. Witman, (*Student of Medicine*), *and myself.*

Samuel Green, æt. 20, was admitted August 23, 1827. Eight days previous to his admission he received a wound in the sole of his foot, from a nail; the puncture cicatrized in a short time without any attention. On the day of his admission was attacked with great rigidity of the muscles of the neck and back; deglutition and articulation were performed with great difficulty; a sense of constriction about the chest; trismus nearly complete; pulse 50; the whole extensors and flexors equally rigid; face covered with a cold clammy sweat. Dilated the cicatrix and introduced pledgets of lint moistened with Ol. Tereb. allowed brandy ad libitum, and prescribed the following:

℞. Calomelanos gr. xxx. pulv. opii. vj. M. ft. in pulv. iij. Sumat j. tertia quaque hora.

24th. Somewhat improved—spasms of the jaws less violent—severe pain referred to the bottom of the sternum—bowels constipated—pulse 75 and softer—muscles a little relaxed. Ordered an enema and applied the caustic alkali to the lumbar region.

Continuentur pulveres.

25th. Patient in a perfect stupor and could scarcely be roused—spastic rigidity not so great—pulse 100—skin hot and dry—complains much of the spastic traction at the bottom of the sternum—soreness on pressure at the umbilicus cordis.—Can open his jaws to some extent. He experienced great relief about two hours after the application of the caustic.

Cont. Medicamenta.

26th. Found patient much worse—spastic rigidity returned—extremities cold—deglutition very difficult—pain at the sternum increased. Applied a

sinapism and afterwards an epispastic to his breast, and re-applied the caustic to the spine.

Conti. pulv.

27th. This morning there is considerable mitigation of all the symptoms; no pain, or traction—temperature more natural—pulse 100 and fuller—deglutition and articulation tolerably easy—mouth slightly affected. Capiat pulv. opii gr. iss. tertia quaque hora. Omitti calomel.

28th. Much improved—perfectly free from tetanic symptoms.

℞. Sulph. Quin. gr. xii. pulv. opii. ft. pilul. xii. Capiat, secunda quaque hora.

Sept. 3. He now walks about—has a good appetite and is rapidly regaining his usual health. Dismissed, cured.

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### Case III.

#### BRONCHOCELE.

*Treated by Dr.* James Roberts.

Sarah Ogle, æt. 19, of a fair and delicate complexion, has laboured under bronchocele for the last four years. Dr. Roberts saw her on the 10th of February, 1827. The whole body of the gland involved in the disease, and enlarged to an enormous degree, occasioning great deformity; tumour presses on the trachea to such a degree as to produce difficulty of breathing and deglutition—hoarseness—frequent and severe head-aches—pain at times shooting through the body of the gland—tumour tense and elastic—general health good—no hereditary predisposition. Capiat. Tinct. Iodini. gutt. xv. ter in die ex aquæ frigidæ cyatho vinario.

Feb. 28th. No change in the appearance of the tumour—breathing still difficult and wheezing no better. Experiences some sickness from the use of the medicine.

Conti. Tinct.

March 20th. Tumour considerably smaller and softer—breathing much improved and wheezing less. Deglutition easier. Experiences no sickness or inconvenience from the tincture. Head-ache entirely vanished.

Sumat Tinct. Iodini. gutt. xx. ter in die ex aquæ frigidæ cyatho.

May 2d. Bronchocele continues to subside—difficulty of breathing diminished—no wheezing—deglutition perfectly easy—feels no shooting pains in the tumour. Capiat Tinct. Iodini. gutt. xxv. ter in die ex aquæ frigidæ cyatho.

℞. Ungt. Cetacei. ℥j. Hydriod. Potass. ʒss. ft. unguentum, ʒss. cujus fricetur in glandulâ, mane, hora meridiana et vespere.

June 6th. Tumour much softer, and she can move her head with more freedom—breathing free—tumour not half the size as when the treatment was first commenced.

Continuentur Medicamenta.

July 18th. Bronchocele still continues to diminish in size—experiences no inconvenience from it. Capiat Tinct. Iodini. gutt. xxx. ter in die ex aquæ. Conti. Ungt.

August 12th. Patient still improves. Capit Tinct. Iodini. gutt. xxxv. ter in die ex aquæ. Conte. Ungt.

Sept. 15th. Bronchocele entirely disappeared. Discharged, cured.

### Case IV.

GANGLION.

*Treated by Dr.* James Roberts.

Christianne Swager, æt. 21, labours under a ganglion of the right wrist, which first became perceptible about two years ago, and has since gradually enlarged. It is now about the size of a nutmeg—tumour tense and elastic—and moves freely under the finger—occasions no inconvenience.

Oct. 18th. The skin covering the ganglion was drawn and firmly retained to one side, and a couching needle introduced into the tumour; the contents were pressed out through the puncture. A small quantity of fluid, resembling in colour and consistence the white of an egg, issued through the orifice in the sac. A compress and bandage moistened with a solution of the acetate of lead were kept constantly applied.

20th. Ganglion much softer and smaller. Orifice closed. The contents were again evacuated by the couching needle; the puncture made on the opposite side of the tumour. Patient feels no pain from the introduction of the needle, but rather an agreeable sensation. Continue the compress and bandage with the solution of acet. of lead.

30th. Ganglion altogether disappeared, and a small induration observable in the part which the tumour occupied. Discharged, cured.

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### Case V.

CONSTIPATION.

*Treated by Dr.* James Roberts.

Patrick Johnson, æt. 35, was admitted a patient Nov. 8th, 1827. Has been afflicted with constipation for six days. He has had occasional slimy and scanty evacuations, which afforded him but temporary relief. Symptoms on admission were distention of the abdomen—diffused and severe pain—nausea and occasionally vomiting—anxiety and dejection of countenance—excessive lassitude—difficulty of breathing and furred tongue—entire want of appetite.

℞. Pulv. Aloes. P. Jalap. Cal. Pulv. scam. āā. ʒss. ft. piluloe. Capiat iij. tertia quaque hora donec alvus purgetur.

9th. Costiveness continues obstinate—abdomen more enlarged and tense; difficulty of breathing and abdominal distress increased. Pills produced no effect.

℞. Infus. Sennae ℥v. Sodae sulphat. supertart. Potassae āā. ℥j. ft. mistura cugus capiat. cochl. magna iij. tertia hora; and the following enema every two hours until an evacuation occurs. ℞. Sodae Sulphat. ℥ss. ol. Ricini ℥j. aq. fervent O. ss. ft. enema.

11th. Patient much worse—no evacuation—abdomen enormously distended and very hard—breathing extremely difficult, and fetid—pulse weak and tremulous—extremities cold and his countenance exhibits great distress and depression.

℞. Croton, Tiglium gutt. vj. Micae panis. q. s. ft. piluloe vj. sumat j. quaque hora. ℞. Tart. Emet. gr. xx. aq. fervent. O. ss. ft. enema.

13th. Patient expired in great torment and agony.

Presuming, from the obstinacy of the constipation, that there must have been a spasmodic constriction of some part of the alvine canal, or some mechanical obstruction to the passage of the feces, an examination was made

post obit, which showed the real nature of the cause. At the lower end of the sigmoid flexure of the colon there was a narrow stricture, which would hardly admit the passage of the little finger. The intestine above the stricture was peculiarly loaded with feces and enormously distended; the transverse diameter being above six inches. The large intestines where the distension was very great, had their muscular coat considerably stretched, and the longitudinal bands were twice as broad as in their natural state. On opening the constricted part, a rib of a fish was found extending in an oblique direction across the stricture, and completely precluded the passage of feces. The dissection was continued no further.

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## Case VI.

### ULCERS.

*Treated by Dr.* James Roberts.

Mrs. C. Hoffman, a relative of the steward, came to the alms-house Sept. 6th, 1827, for the purpose of placing herself under the care of the attending Physician, for a sore leg. There were five ulcers around and immediately above the ankle, some of them as large as a dollar—they were extremely painful and discharged constantly a bloody serum. The leg and foot were enormously swelled and very much inflamed. She cannot assign any cause for their production, nor does she recollect of receiving any injury. The ulcers have existed in this condition for 25 years, and the pain and swelling rendered her incapable of attending to her domestic concerns.

Ordered the following liniment to be applied twice a day. ℞. Ext. Plumb. ℥ss. Ol. Olivoe. ℥iv. M. ft. linimentum. The ulcers to be dressed morning and evening with the following ointment; ℞. Ungt. Basil. ℥ij. Precip. Rub. ℥ss. Sap. Calom. ℥j. M. ft. Unguentum. A bandage was applied from the toes as high as the knee; a recumbent posture and low diet were enjoined.

℞. Pulv. Aloes. Pulv. Jalap. et Rhei. āā. ʒj. ft. Massa in piluloe xxx. distribuenda, quarum capiat iij. hora decubitus.

13th. Greatly improved under the treatment—inflammation and pain entirely subsided—healthy pus secreted—swelling much lessened. Omitti. Lin. et Ungt. Conti. pilul. Strips of adhesive plaster were now applied around the whole length of the leg, about an inch apart; the bandage and low diet continued. The application of cold water was tried, but invariably with a pernicious effect. It excited violent pain and inflammation in the leg, and consequently compelled its discontinuance. The strips of adhesive plaster were renewed every other day.

Oct. 10. By a uniform and permanent adherence to this mode of treatment the ulcers are perfectly healed, and the leg reduced to its natural size.

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## Case VII.

### ANEURISM OF THE AORTA.

In October last, Thomas Poird, a coloured man, about 45 years of age, the subject of the following history, came under the care of Dr. J. Roberts for rheumatism in the head, which he conjectured was his disease. During his examination he remarked, that he had a tumefaction on the right side of his neck. On a close examination of the tumor, a strong and violent pulsation was very perceptible. The tumour was situated immediately above the clavicle, on the right side, near the sternal end. It extends an inch above

the clavicle, and was an inch and a half in diameter, and three in circumference. He perceived a small tumefaction, the size of a pea, about a year previous, which increased slowly and gradually, and had now acquired an alarming magnitude. Be imputed it to a strain he had received by rolling stone, a short time anterior to his recognizing the tumour, viewing the tumour as a trifle he paid no attention to it until the pain in his head, which he supposed originated from a different cause, compelled him to apply for relief.

He compains of severe pain in his head, which is confined entirely to the right side; sometimes it extends down the arm. The right arm is very much attenuated and emaciated, and possesses very little power of action. No difference can be distinguished between the pulsation of the two radials. Pulse about 80.

The physicians of this place were called in to examine him, and to decide what was most judicious and proper to be done. The nature of the disease appeared to be so decided and its situation so manifest and apparent, that they were unanimous in the opinion that the disease was aneurism of the root of the cartoid artery involving the arteria innominata, and decided that an operation might probably be performed, at least, it was the only possible means of rescuing him from the grave. Under this conviction he was sent to Philadelphia for the purpose of having an operation performed. He left this for the city but returned in a few days, whether through inability to perform the journey or intoxication, I will not pretend to say. The aneurism continued rapidly increasing; the respiration became exceedingly obstructed; the voice materially changed; and he is almost suffocated from the pressure of the internal tumour on the trachia and bronchia. The pulsation is unusually plain and visible through the integuments, and so strong and vehement as to repel the fingers when placed on the dilatation; numbness and coldness of the right side of the head and arm from the compression of the veins and lymphatics. He is very much troubled and harrassed with a violent cough which occurs at irregular intervals and expectorates with great vehemence; expectoration consisted at first of a thin frothy mucus, but towards the close of his career, consisted of lymph blended with blood. He experiences agonizing pains in the right side of his chest and palpitations, dropsical effusion took place over the whole body. In this condition he continued for four or five weeks, languishing under great torment and agony, until entirely exhausted, he perished of sufferings, both corporeal and mental, too immense and dreadful for human nature to endure.

*Dissection.*—The examination *post obit* was performed by Drs. Dean and Reily in the presence of several students of medicine. An incision was made through the integuments, from two inches above the tumour to the bottom of the sternum, and another cutting it at right angles in the form of the letter T; then dissected away the skin and cellular membrane. The muscles were now removed, and an incision made immediately into the tumour, which gave issue to a considerable quantity of blood. The sternum was then removed, which exposed the arch of the aorta and the innominata and gave us a view of the true nature of the disease. The aneurism was now found to exist in the aorta and arteria innominata. The aorta from its origin to about an inch below where the left subclavian is given off was exceedingly dilated and enlarged, and the innominata was so much implicated in the disease as to be almost obliterated. The whole cylinder of the aorta, from the heart to below the curvature, was equally dilated, and to the extent of nine inches in circumference. The enlargement of the innominata produced the tumefaction above the clavicle, and induced the false impression with regard to the seat of the disease. A considerable quantity of lamellated coagula or layers of fibrine disposed over each other were found in the superior part of the aneurism. The coats of the arteries were as

thick as in their natural condition, and the internal coat was rough and easily separated. The valves were perfectly natural, and ossification had commenced adjacent to them, and had made considerable advancement. Morbid adhesions had taken place between the aorta and mediastinum and contiguous parts. The right subclavian and carotid arteries were somewhat enlarged. The trachea and bronchia did not appear to be in any degree injured by the pressure of the tumour. The other viscera both thoracic and abdominal were in a perfectly natural and healthy condition.

*Remarks.*—From the manner in which the dissection was conducted a perfect view of the aneurism could not be obtained. I am persuaded, if the examination had been executed in the following manner it would have been more beneficial and satisfactory. After having removed the integuments and muscles from the tumour and forepart of the chest, saw through the ribs two or three inches from the sternum, and then remove both them and the sternum. This would have exposed the heart and large arteries and facilitated the future dissection; and the large vessels could have been satisfactorily viewed and examined *in situ.*

It is worthy of remark, that aneurisms of the aorta and innominata may be so very similar to those of the carotid, that the most intelligent and acute observer may be deceived in his conclusions: A. Cooper remarks, "that aneurism of the aorta may assume the appearance of being seated in one of the arteries of the neck." A fact of which he is convinced, from a case which came under his own observation. This is further confirmed by the observations of Mr. Hodgson, who met with several cases of this nature. "I have seen," says he, "several cases of aneurism arising from the superior part of the arch of the aorta, which protruded above the sternum and clavicles, and in one instance, the space between the tumour and the sternum was so considerable, that it was proposed to tie the carotid artery for an aneurism; which dissection proved to arise from the origin of the arteria innominata, and from the arch of the aorta."

No remedial measures were used in this case, because the disease was considered as irremediable. It is the general opinion of the profession that aneurisms situated in the thorax are entirely beyond the reach of surgery, and have uniformly been contemplated as irremediable diseases, and consequently too often abandoned as inevitably fatal. Hence so little attention has been devoted to their treatment, and what has hitherto been done has been merely palliative.

There are none in the whole catalogue of diseases which are so much dreaded by mankind, and which damp the ardour and intrepidity of the dauntless surgeon, as aneurisms of the aorta. There is no calamity can befall human nature more deplorable and agonizing; for the sufferings to which he is subject do not admit even of palliation; and the instances of recovery from the disease on record are so very rare, that no consolatory prospect can be founded of avoiding the fatal end, to which the disease will ultimately bring the wretched sufferer. And the painful and afflictive prospect of an immediate and instantaneous dissolution, which will inevitably arrive at an hour and a moment which he knows not, must be extremely horrible. Death to such an individual would certainly be a harbinger of joy.

*EDMUND W. ROBERTS.*

*Harrisburgh, June 6*, 1828.

# LIST OF MEDICAL GRADUATES, FOR 1828.

## Bowdoin College—Maine.

David E. A. Brainerd, Winthrop, Dissertation on Wounds—Nelson H. Carey, Winthrop, on Necrosis—Moses Dakin, Hope, on Dysentery—Michael G. Delaney, Troy, N. Y. on Human Dissections—Jeremiah Dummer, Hallowell, on Iodine—Seth W. Eells, Belfast, on Sympathy—David Flanders, Goffstown, N. H. on Apoplexy—Thomas E. Gage, Mochester, Mass. on Puerperal Convulsions—Henry Gillmore, Stafford, Con. on Digestion—Cyrus Hamlin, Paris, on Masturbation—Daniel Harwood, Portland, Dental Surgery—Sullivan Holman, Cornville, Hygiene—Oliver B. Howe, Bettsel, Epilepsy—Nathaniel K. Kelly, Plaistow, N. H. Phlegmonous Inflammation—Alfred M. Leonard, York, N. Y. Typhus Fever—William M'Lellan, Newfield, Asthma—Richard Moody, Saco, Indigestion—Edward B. Moore, Deerfield, N.H. Chorea—Samuel Plaisted, Gardiner, Delirium Tremens—Charles G. Robinson, Meredith, N. H. Hæmorrhage—Levi P. Sawyer, Bethel, Cynanche Trachealis—Thomas Sherman, Edgecomb, Typhus Fever—Charles Snell, Augusta, Arthrodia acuta—Tristram G. Stockbridge, Bath, Phlegmasia dolens—William Swasey, Limerick, Inflammation—William Thornton, Uxbridge, Mass. Epilepsy—Robert Wyman, North-Yarmouth, Inflammation.

## Berkshire Medical Institution.

### September, 1827.

John Holcomb Carpenter, James Hervey, Henry Thomas Meekins, Jacob Moore, Zabina Montague Mowry, John Kingsley Palmer, Laban Jonas Aylesworth, George W. P. Wheeler.

### December, 1827.

Washington Brown Alden, Mowry Paine Arnold, Horace Ballard, Ezra Platt Bennett, Elisha Stanton Burton, Platt Burr, Lyman Clary, Ethan Stone Collins, Jeremiah Ellsworth, Humphrey Gould, Myron Harwood, Erasmus Darwin Hudson, Horace Pierce, Billings Pulsipher, Jefferson Pratt, William Witter, Albert White.

## Yale College.

William Barker, Saybrook, Inflammation—George Birch, New York City, Etiology of Diseases—Thomas Belden Butler, Wethersfield, Marsh Miasmata as a cause of Intermittents—Edwin Wells Carvington, Woodbridge, Treatment of Punctured Wounds—Joseph Nelson Cowls, Norfolk, on the Principles of Irritation—Reuben Crandall, Canterbury, Effects of a Deranged State of the Alimentary Canal—Jeremiah Townsend Denison, A. M. New Haven, Colica Pictonum—Joseph Adam Denison, A. B., Royalton, Vt. Functions of the Vidian Nerve and Chorda Tympani—Jared Fuller, Windham, Effects of Ardent Spirits in Health—Isaac Hartshorn, Providence, R. I., Lithotomy—Jethro Hatch, Washington, Cimicifuga Racemosa—John Pier-Herrick, A. B. New Haven, Chorea Sancti Viti—Elisha Hutchinson, Lebanon, Dyspepsia—Nelson Isham, Bolton, Opium—Nathan Beers Ives, A. B., New Haven, Polygala Rubella—Frederick Baldwin Leonard, A. B. Lansingburg, N.Y. Delirium Tremens—Edward Augustus Leonard, Lansingburg, N.Y. Intermittent Fever—Frederick William Lord, A. B. Lyme, Chronic Diseases of the Liver—Joseph Priestly Peters, Hebron, Intermittent Fever—Daniel Porter, Waterbury, Use of Diffusible Stimuli in Medicine—John Thomas Plummer, Richmond, Ind., Cynanche Trachealis—James Watson Robbins, A. B., Colebrook, Deobstruent Effect of the Acrid Narcotics—Ashbel Smith, A. M. Hartford, De Animo et Corpore se Invium Afficientibus—James Marvin

Smith, New Haven, Counter Irritation—Phineas H. Stevens, Barnet, Vt. Peritonitis—Alexander Hamilton Vinton, Pomfret, Influence of the Mind on the Functions of the Body—John Alexander Walcott, Barbadoes, W. I. Pathology of the Liver—George White, A. B. Amherst, Mass. Application of Intellectual Philosophy to Medicine.

The names of the gentlemen to whom Licences were granted, are—

Henry Aldrich, D. B. W. Camp, Martin B. Basset, Samuel E. Clark, Joshua C. Cummings, George H. Denison, Joseph C. Dow, Smith M. Miles, Abel Packard.

### University of the State of New York.

#### *College of Physicians and Surgeons of New York.*

1. Samuel Boyd, jun. A. B. of New York, on Jail Fever—2. Benjamin Drake, A. B. of New York, on Fever—3. David A. Edgar, of New York, on the Temperaments—4. George Griswold, jun. A. M. of New York, on the Motion of the Blood—5. William Wilmot Kissam, of New York, Tetanus—6. Daniel Lake, of New York, Hydrocele—7. Samuel S. Lawrence, of New York, Rheumatism—8. Elias J. Marsh, A. B. of New Jersey, Nature and Seat of Fever—9. John M. Pruyn, of New York, Hydrophobia—10. Israel Randolph, of New Hampshire, Cholera Morbus—11. Samuel R. Smith, of New York, Mucous Membranes—12. Morris Snediker, of New York, Operation of Cathartics.

#### *College of Physicians and Surgeons of the Western District.*

1. John Allen, of Otsego co. N. Y. the Remedial Powers of Nature—2. John O. Armistead, of Jamestown, Va. Generation—3. Augustus Aspinwall, of Cayuga co. Intemperance—4. Thomas Blackwood, of Seneca co. Dysentery—5. Daniel Belknap, jun. of Orange co. Dysentery—6. Eli Bois, of Massachusetts, Burns—7. A. W. Bowen, of Herkimer co. Observations on Theory—8. Isaac H. Brown, of Connecticut, Necrosis—9. Joseph Burbeck, of New Hampshire, Inflammation of the Liver—10. Aaron L. Cady, of Saratoga co. Prevention of disease—11. Amos Todd of Oneida co. Atomic Theory—12. James L. Cole, of Herkimer co. Local Origin of Diseased Action—13. Oliver C. Comstock, jun. of Tompkins co. Cynanche Laryngea—14. O. W. Crumb, of Otsego co. Uterine Hemorrhage—15. James Davis, jun. of Ontario co. Phrenology—16. Francis B. Ethridge, of Herkimer co. Apoplectic Intermittents—17. Beverley R. Fleming, of Prince Edward co. Va. Influence of the Alimentary Canal—18. Jeptha Foulks, of Prince Edward co. Va. Sophistication of Medical Theory—19. John C. Gorton, of Otsego co. Colica Pictonum—20. Henry S. Harper, of Otsego co. Modus Operandi of Medicines—21. John Hawks, of Otsego co. Acupuncturation—22. Charles B. Howell, of Orange co. Sternalgia—23. Joseph Huntington, of Vermont, Leucorrhœa—24. Lester Keep, of Massachusetts, Prolapsus Uteri—25. Horatio N. Loomis, of Oneida co. Medullary Sarcoma—26. David Martin, of Albany co. Dysentery—27. Denison R. Pearl, of Oneida co. Sympathies of the Functions—28. Franklin Ramson, of Erie co. Fevers of Buffalo as they prevailed during the summer and autumn of 1827.—29. Geo. W. Richards, of Ohio, Vis Medicatrix Natura—30. Caius C. Robinson, of Wayne co. Effects of Cold—31. S. Rodney Stevens, of Herkimer co. Pathology—32. S. W. Stewart, of Oswego co. Venous Congestion—33. Joseph White, of Monroe co. Nervous Derangement.

The Regents of the University have conferred the honorary degree of Doctor of Medicine upon Dr. Luther Riley, of Harrisburgh, Pennsylvania.

RUTGERS' MEDICAL COLLEGE—NEW YORK, 1827.

*The first Annual Medical Commencement of this Institution.*

*Of Rhode Island.*

Joseph W. Fearing, A. M. on ischuria.

*Of Connecticut.*

Ezekiel Lovejoy, jun. A. B. on diversity of complexion; Peter Pratt, on trachitis.

*Of New York.*

Samuel G. Dimmick, on puerperal fever; John F. Ellis, on the respiratory organs; Samuel C. Ellis, on strumous disease; John T. Ferguson, A. B. on hepatitis; Eliphalet St. John, on bronchocele; Hamilton Morton, A. B. on animal secretion, John D. Ogden, A. B. on bathing; Horatio Orcutt, on croup; Charles Da Ponta, on poisons; Washington Ritter, A. B. on blood-letting; William Stevenson, on dysentery; William Seaman, on inflammation; Samuel Treadwell, on the action of poisons; Richard A. Varick, on dysentery; Peter D. Vroome, on caries of the spine; Joseph M. Wood, on arthritis.

*Of New Jersey.*

Solomon Andrews, on tetanus; Garret Terhune, on hepatitis.

*Of District of Columbia.*

Gregory Weems, on phthisis pulmonalis.

*Of Virginia.*

William L. Graham, on drastic medicines.

*Of South Carolina.*

Alexander H. Neil, on inflammation.

*Of Alabama.*

Charles S. Lucas, on the topography and diseases of Alabama.

*Of Ireland.*

Conyngham Crawford, on generation.

*Of Scotland.*

Alexander Denhem, on menstruation.

The degree of Doctor of Medicine, as recommended by the Medical Faculty, was also conferred on the following gentlemen:

Professor Thomas P. Jones, of Pennsylvania: Dr. Thomas Fearn, of Alabama: Dr. Samuel Osborn, of New York: Dr. Samuel S. Kuypers, of New York: Dr. Lewis Belden, of New York: Dr. David Rogers, of New York: Henry Schenck, M. D. *ad eundem:* John Corneleison, M. D. of the University of New York, *ad eundem:* Dr. Lewis Heermans, of Louisiana.

After the degrees of Doctor of Medicine were conferred, the President announced that the annual Gold Medal, instituted by the venerable Colonel Henry Rutgers, for the best Medical Inaugural Dissertation submitted to the Medical Faculty, was awarded, by the decision of said Faculty, to Hamilton Morton, A. B. of New York.

MEDICAL GRADUATION, GENEVA COLLEGE.

The Rutgers Medical Faculty of Geneva College, held their annual Medical Commencement, on Thursday the 24th of April, inst. The exercises of the day took place in the hall of the new college, in Duane street, in the

city of New York, and the degrees, granted by the Board of Trustees of Geneva College, were announced by the President of the Medical Faculty, Dr. *Hosack*, in the presence of a numerous and respectable audience; among whom were several of the Rev. the Clergy, and other members of the liberal professions. Upon the degrees being presented, the President delivered an appropriate and felicitous address to the graduates: in which he set forth with earnestness, the duties and responsibilities of the medical character, and eloquently impressed upon their minds the importance and necessity of ever cherishing those liberal and enlarged principles of conduct which alone are worthy of a dignified and learned profession.

The candidate for the Doctorate had previously complied with the laws regulating the practice of physic and surgery, and defended the inaugural dissertations respectively affixed to their names. The exercises commenced and closed with prayer, by the Rev. Mr. Schroeder.

*New York.*

Alwyn Bogart, on croton tiglium. Jacob Hallett Borrowe, on dropsy. Henry Burnham, on ammonia. Geo. P. Cammann, A. B. on the reciprocal influence of body and mind. Henry J. Cullen, on puerperal fever. James T. Gilbert, A. B. on infantile remittent fever. Jacob T. Gilford, A. B. on hydrocephalus internus. William L. Hortsen, on bronchotomy. Theophilus Nelson, on cynanche trachealis. Henry Perkins, on dyspepsia. George A. Sandham, on inflammation. Charles A. Van Zandt, on scrofula.

*New Jersey.*

James Clark, on burns. Isaac M. Ward, A. B. on angina pectoris.

*Maryland.*

Gunning S. Bedford, A. B. on the physiology of the liver.

*North Carolina.*

Charles Chalmers, on the topography of Fayetteville, N. C.

*Ohio.*

Charles Ball, on the eye.

The degree of Doctor of Medicine was also conferred upon John Talbot Harrison, Port Physician of New York: Hunting Sherrill, President of the Dutchess county Medical Society of New York: William Turk, Surgeon of the U. S. N., and S. Pomeroy White, Surgeon, of Hudson, N. Y.

UNIVERSITY OF PENNSYLVANIA—MARCH 27th, 1828.

***At a Public Commencement, held this day at the Hall of the Musical Fund Society, the degree of Doctor of Medicine was conferred upon the following gentlemen:***

*Alabama.*

John A. Cowles, external applications.

*Canada.*

William Blumhart, revulsion; Joseph Haller, charbon provenante de la contagion.

*North Carolina.*

George S. Bettner, ulceration of the intestines; Edwin E. Slade, trachitis; Armand J. De Rosset, cynanche trachealis; Harwood P. Perry, acute rheumatism; Henry M. Jeter, mercurial disease; William G. Hill, erysipe-

las facialis; Nathaniel M. Comer, bilious continued fever; John L. Wright, cholera; Reading S. Long, acute peritonitis.

*South Carolina.*

John A. Wragg, indigestion; Lynch H. Deas, strictures of the urethra; Francis Johnson, vermes intestinorum; John M. Raiford, acute rheumatism; James T. Leckie, on the process employed by nature in suppressing hæmorrhage; Evans L. Amacker, cynanche trachealis; James Jordan Vernon, pathology of hæmorrhage.

*District of Columbia.*

James Jones, diabetes: Charles G. English, cathartics.

*Delaware.*

Alexander Wm. Reynolds, cholera morbus; Phocion P. Lewis, hydrothorax.

*Georgia.*

John A. Urquhart, dentition and cholera infantum. Wm. Woodson Waddel, state of the biliary secretion in fever; Edward R. Ware, the effect of the eighth pair of nerves on respiration and digestion; Thomas J. Charlton, melancholia and hypochondriasis; James B. Walker, topography, climate, and diseases of Burk county, Georgia; Paul F. Eve, uterine hæmorrhage; Reuben Y. Reynolds, inversio uteri; Stephen Bailey, mercury.

*West Indies.*

Jos. H. Robinson, cornus circinata.

*New Jersey.*

Hudson S. Burr, scarlatina; Joseph Pancoast, erectile tissue; Robert A. Hunt, ascites; John B. Tuft, delirium tremens; Lewis B. Hunter, de hydrope; Francis A. Ewing, disguised intermittent; Benjamin W. Blackwood, derangements of digestive organs; Maurice Beeseley, euphorbia ipecacuanha; William J. Johnson, lithotomy; William M. Fenimore, pertussis; John H. Stokes, erysipelatous inflammation; Charles Ellis, bubonocele.

*Kentucky.*

John Wilson Hunt, hæmorrhoids.

*Maryland.*

Charles W. Johnson, aneurism from anastomosis; John L. Dorsey, pneumonia biliosa; Thomas S. Herbert, lithotomy; Burton Randall, on the identity of electrity and the nervous influence; John W. Anderson, rubeola, or measles.

*Massachusetts.*

Edward Staples, opium.

*Pennsylvania.*

Horatio N. Glentworth, digitalis purpurea; Jesse K. Bonsall, phlegmasia dolens; Aristide Rodrigue, experiments on the use of the ligature and cupping-glasses in poisoned wounds; Robert Bridges, neuralgia; Anthony C. Percival, aneurism; Samuel Stones, jun., nature and properties of the blood; George Fox, jun., colic; Charles Willing, on the primary seat of disease in fever; Andrew E. Kennedy, rheumatism; William Whelan, jun., moxa; William S. Zantzinger, erysipelas; George Spackman, hydrothorax; Uselma A. Clarke, cynanche trachealis; Robert Rogers, hæmorrhoidal diseases; Henry Umstad, acute hepatitis; Joshua Rhoads, on the circulation of the blood; Hiram Corson, tetanus; Charles H. Bessonett, pertussis; George Clymer, on causes of epidemic diseases; Jacob P. Thornton, cholera infan-

tum; Charles Evans, rheumatism; John B. Dick, hirudo medicinalis; Edward Chandlee, hæmoptysis; Adam R. Stouch, inversio uteri; John W. Reese, amenorrhœa; Israel T. Smith, hepatitis; Caspar Wistar Pennock, experimental researches on the efficacy and modus operandi of cupping-glasses in poisoned wounds; Jehu G. Peters, amenorrhœa; Benjamin C. Tomlinson, case of luxated hip joint; William B. Watson, puerperal fever; Henry L. Aitkin, jaundice; Jeremiah F. X. M'Credy, miasmata; George Kuhn, dysentery; William L. Vanhorn, dysentery; Jacob Wagenseller, epidemic of Bucks county; Solomon Temple, hydrorachitis; William M. Fahnestock, myrica; Gideon G. Palmer, hæmorrhoids; Enoch P. Hoopes, hepatitis acuta; Robert Morton, colica pictonum; Charles Pearson, gonorrhœa; Alexander H. Barnitz, acute rheumatism; Nathaniel B. Goodman, functions of the lungs; Henry C. Pratt, amputation.

*Rhode Island.*

Samuel B. Tobey, opium and its officinal preparations.

*Tennessee.*

Reuben A. Gentry, fractures, dislocations, and gun-shot wounds; Robert N. Strong, extirpation of the parotid gland.

*Virginia.*

James H. Gregory, bilious fever; Francis R. Gregory, strictures of the urethra; Andrew Barclay, empyema; Jos. G. Gray, digestive mucous membrane; Henry Myers, paralysis; Frederick Horner, altered condition of the tongue in disease; Samuel P. Byrd, hepatitis; James T. Barclay, saccharine matter; Littleberry G. Wynn, smyrnium trifoliatum; John R. W. Dunbar, on the structure, functions, and diseases of the nervous system; George Stubblefield, fractures of the extremities; William Collins, mania à potu; Frederick W. Harrison, amenorrhœa; Peyton R. Berkeley, injuries of the head; George W. Tinsley, deranged menstruation; James T. Boyd, cynanche trachealis; William W. Carrington, hydrophobia; Richard B. Alexander, on juniperus sabina, and juniperus Virginiana; James B. Maclin, on the resemblance and means of distinguishing chronic hepatitis and tubercular consumption; Robert Braden, remittent fever; Thomas E. Spencer, gonorrhœa; Joel B. Sturdivant, acute hepatitis; Theophilus Meade, mercurial salivation; Hughart Montgomery, wounds of the articulations; Augustus G. D. Roy, hepatitis; Thomas W. Bass, icterus or jaundice; Wm. T. Maclin, use of iodine in bronchocele; Thomas Parham, cholera infantum; William Finney, jun., on the process adopted by nature, in the restoration of wounds and other injuries of the human system; John Batte, intermittent fever; Henry Lee Heiskell, extra-uterine pregnancy; James C. Hazlewood, acute gastritis.

*New York.*

William N. Duane, purulent ophthalmia; Charles G. Fowler, tubercular phthisis.

JEFFERSON MEDICAL COLLEGE.*

*St. Croix, West Indies.*

Philogene P. Mallard, on the catamenia.

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* We understand that about one half of the classes (pay students) in this celebrated Institution have had the degree of M. D. conferred on them; what astonishing and "unparalelled" *progress* has this school made in the art of *doctor-making*.

One of the new-made doctors, who had been a private pupil of an "en-

*Connecticut.*

Daniel T. Coit, on insanity. James Morgan, injuries on the head.

*Massachusetts.*

John S. Butler, on varioloid. Daniel H. Gregg, de hydrope. Charles Walker, de sympathia.

*New Jersey.*

Benj. Rush Bateman, on peritonitis. Hugh H. Highbee, on hectic fever. Joseph C. Welling, intermittent fever.

*Pennsylvania.*

Gamaliel Bailey, on generation. Samuel L. Beck, on enteritis. Charles Davis, on digestion. David Gilbert, on iodine. Samuel D. Gross, on cataract. Joseph Gardner, on tartar emetic. David James, on dention. John Leedom, on dysentery. James G. Oliver, on inflammation. John Ream, on cynanche trachealis. Christian Seiler, on piper-nigium. James Slaughter, on insanity. John Welsh, de conceptione. Henry Zook, on the catamenia.

*Virginia.*

Thomas J. O'Flaherty, de ebrietate. George H. Payne, on dysentery.

UNIVERSITY OF MARYLAND.

At a public commencement held in the Anatomical Hall of the University of Maryland, April 7th, the following gentlemen received the Degrees of Doctor of Medicine:

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terprising young surgeon," lately underwent an examination on *oath*, touching his knowledge of medical subjects. We give the questions propounded, and the doctor's answers, which will no doubt be viewed, in the language of one of the *distinguished* Professors, "*singularly* original, and shows how well he merited the honours of the doctorate"—the whole evidence is indeed a "masterpiece of its *kind*."—It is said the *learned* doctor above alluded to, is now in Europe, in *training* for a Professor!!! in his *alma-mater* on his return.

*Dr. — examined.*

Q. What do you mean by the Institutes? A. The Institutes of Medicine. Q. What do you understand by the term "Institutes of Medicine?" A. Physiology. Q. Any thing else? A. Pathology. Q. Any thing else entering into your notions of the Institutes of Medicine? A. No, nothing else!!!

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P. S. We are informed that the whole of the Medical Professors in Jefferson College have been *removed;* the cause of these proceedings we do not know, but if we were to give an opinion, we should say that a *few* of the *old* Professors, who no doubt understand that they are to be re-elected, have been at their *old tricks*.—We shall notice the proceedings in a future number, and shall conclude for the present by remarking, that we cannot conceive it possible men of *standing* if elected (*pro tem.* it can only be) will serve in an institution where confusion, irregularity, and discord, have prevailed from the moment of its *birth*. LDS. RECORDER.

June 19, 1828.

*Massachusetts.*

John W. Tenney, venous absorption.

*Maryland.*

Stephen W. Adreon, inflammation; Jeremiah P. Hooper, rheumatism; Jos. M'Coy Sitler, effects of disappointed love; Richard Barnum, elephantiasis; Edward M'Ceney, ictorus; Samuel Spencer, hepatic diarrhœa; Francis R. Wills, ecthyma cachetica; Samuel H. Caldwell, general anatomy of the skin; Charles W. Parker, cow-pox as a preventive of small-pox; Horatio G. Grieves, phthisis pulmonalis; James Dawson, dysentery; Hammond Stewart, pneumonia vera; Joseph A. Landis, cynanche trachealis; Edward H. Lowndes, hydrocephalus internus; Thomas J. Davis, injuries of the head; Thomas R. Johnson, diseases of the mamma; Richard D. Beall, trachitis; Joseph Igleharf, physiology of the liver; Thomas Nevitt, digestion; Charles Macgill, causes of parturition; William Medford, cynanche trechealis; Zachariah Merriken, apoplexy; George B. Mackenzie, trachitis; Joseph Prigg, tetanus; Leander W. Goldsborough, pneumonia; William Webster, drastic purgatives in uterine hæmorrhage; Nathaniel C. Weems, phrenitis; Henry V. Bramwell, cynanche maligna; James W. Pryor, colic; Barnard M. Byrne, de delirio; Samuel A. Johnson, rheumatism; Howard Kennedy, necrosis; Albert Lyon, laryngitis; Charles F. Hughes, hydrocephalus internus; Henry W. Robertson, rheumatism; Henry Morris, the atmosphere; John B. M'Dowell, muscularity of the arteries; James R. Ward, yellow fever; Thomas Slemons, erysipelas; William H. Grimes, mental derangement; Samuel Mainster, epilepsy; Charles R. Jackson, sophoro timetoria; Henry Brook, congested bilious fever; John H. Scott, gonorrhœa; Wakeman B. Hopkins, acute hepatitis; Frederick Byer, lymphatic absorption; John Lambert, pneumonia biliosa; Bennet Bussey, pulmonary consumption; Hugh H. Matthews, life; Littleton D. Handy, cantharides.

*District of Columbia.*

Jerome F. Mudd, de cælo, modo vivendi te morbis civitatum fœderatorum; Joseph N. Stuart, tetanus; Henry Reintael, hepaticis.

*Virginia.*

†David Ball, ——; Daniel D. Hall, opium; George F. Carmichael, necrosis; William Garnett, cynanche treachealis; Richard Norris, rheumatism; John H. Tompkins, colchicum autumnate; Martin Burton, apoplexy; William Burnett, phrenitis; Alfred Hudralt, tetanus; William Kirk, inflammation.

*South Carolina.*

Crawford Ellerbe, phrenitis.

*Tennessee.*

John Berry, hydrocele; John O. Wharton, cynanche trachealis.

*Alabama.*

Pacha Wilson, causes of sudden death.

WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The first commencement of this Institution was held at the church of the Rev. Mr. Duncan, on the 18th March. The following gentlemen received the

† He had passed the Board, but died before the degrees were conferred.

degree of Doctor of Medicine, after having publicly defended their respective Theses, viz.

John Broome, Maryland, on vis medicatrix naturæ; Edw. Schwartze, Baltimore, on hydrocephalus internus; Daniel S. Forney, Maryland, on gastritis; Benj. Johnson, Pennsylvania, on sarcocele; John H. Owings, Baltimore, on traumatic hæmorrhage; Geo. W. Chalmers, Baltimore, on tetanus; Burgess L. Beall, N. Carolina, on hepatitis; John J. Myers, Pennsylvania, on venous circulation; Allen C. Hammond, Maryland, on cynanche maligna; David M. Cass, N. Hampshire, on causes of epidemics; Robert N. Weir, Virginia, on opthalmia; Wilson W. Kolb, Maryland, on fœtal fever.

### Columbian College in the District of Columbia.

The third annual commencement of the Medical Department of this Institution, was held on the 12th of March, 1828. The following is a list of the graduates, and the subjects of their Inaugural Theses:

Joseph S. Baker, of Georgia, on inflammation; Joseph Borrows, of the district of Columbia, on the pathology of the mucous membranes; John A. Bulfinch, of Massachusetts, on tetanus; Silas L. Condict, of New Jersey, on digestion; Robert A. Cony, of Maine, on the stimulus of distention; John F. Edmonds, of Virginia, on morbid sensibility of the seminal organs; Alexander M'D. Davis, of the district of Columbia, on chorea sancti viti; Charles W. Davis, of the district of Columbia, on puerperal fever; Charles M'Lean, of the district of Columbia, on humoral pathology; Harvey Lindsley, of New Jersey, on scrofula; William N. Waters, of the district of Columbia, on the use of oleum terebinthinum; Noble Young, of the district of Columbia, on marsh miasma, as producing fever.

### Graduates of the Medical College of Ohio.

At a public commencement held on the 11th March, the degree of Doctor of Medicine was conferred on the following candidates:

Francis Bergen, Prussia, Europe, on irritation. Robert Boal, Reading, Ohio, on the circulation of the blood. Edward H. Bradbury, Cincinnati, O. on delirium tremens. Benjamin S. Brown, Zanesville, O. on ideosyncracy. Amos Hough, Hamilton, O. on dysentery. Thomas H. Howes, Madison, Indiana, on dyspepsia. Hiram C. Hubbard, Buckingham co. Va. on croup. Robert I. Huntingdon, Jefferson co. O. on scarlet fever. Thomas J. Nichols, Richmond, O. on hygiene. Cunningham S. Ramsay, Cincinnati, O. on sleep. Timothy M. Rogers, Franklin, Mississippi, on bilious fever.

The honorary degree of M. D. was conferred upon Dr. Charles Woodworth, of Mississippi.

### Graduates of Transylvania University.

*Kentucky.*

Stephen Walker Bates, on hernia humoralis. George Washington Campbell, on suspended animation. Henry William Coburn, on morbid sensibility of the stomach and bowels. William R. Davis, on fever. Warren Frazer, on organic and functional diseases of the heart. James St. Clair Leavell, on dyspepsia. John Whittingdon Long, on dyspepsia. Augustus William Mills, on the medical properties of secale cornutum. Thomas Shelton Moborly, on gonorrhœa. Jehu Perkins, on cholera infantum. Thomas Jefferson Pollard, on cynanche trachealis. Lemuel Saunders, on chlorosis. William Cooper Turner, on the dependence of functions. Joseph Smith Wallace, on phlegmasia dolens. John Warren, on hygieine. William Wilcox Warren, de febre puerperalia. Ferdinand Fox Young, on the modus operandi of medicines.

*Tennessee.*

John Jefferson Franklin, on the humulus lupulus. William M'Kendree Gwin, on syphilis. Leander Hughes, on fistula in ano. Robert Nicholson, on chlorosis. Samuel Crockett Sloan, on inflammation of the liver. Sydney Smith, on purulent opthalmia. Littleberry Williamson White, on fever. Chesterfield Lewis Wilcox, on secretion.

*Virginia.*

Abraham Adams, on the internal changes produced by the remote causes of fever. Absalom Walker Scales, on the use of the bandage in gunshot injuries. Samuel Glover Shaw, on dysentery. James Clay Sullivan, on aneurism. Milton Vaughan, on the processes instituted by nature for suppressing hæmorrhage. Samuel Vaughan Watkins, on the effects of cold upon the human system.

*South Carolina.*

James Anderson, on the diseases of the Schneiderin membrane. William Askins Ardrey, on the liver. Virgil Bobo, on the datura stramonium. Thomas Jefferson Braselman, on typhus fever. Hugh Hugher Toland, on the medicinal properties of the genus lobelia. Lawrence Jefferson Trotti, on gastritis.

*North Carolina.*

Lawson Marshall Caldwell, on pneumonia biliosa. Thomas Harris, on dysentery. William John Miller, on syphilis. Richard Henry Norris, on dyspepsia.

*Alabama.*

Turner Delleny Bell, on hydrocele. David Henry Mason, on debility of action in inflammation. James George Maull, on acute hepatitis. Hiram A. G. Roberts, on inguinal hernia.

*Georgia.*

Elias Beall, on the bandage. Robert Jones Lawrence, on cholera morbus. Nathaniel Newton Smith, on inflammation.

*Louisiana.*

William Augustus Ficklin, on the uses of the bandage.

*Missouri.*

John Halderman, on dysentery.

*Maryland.*

Stephens Rittenhouse Beatty, on congestive bilious fever.

The honorary degree of M. D. was also conferred upon Thomas P. Satterwhite of Lexington, Kentucky, and Charles Douglass of Tuscumbia, Alabama.

MEDICAL COLLEGE OF SOUTH CAROLINA.

*South Carolina.*

Patrick M'Dowall, hepatitis. Lockwood Alison, dysentery. William S. Price, dyspepsia. Robert J. Boyd, generation. Thomas M. Logan, salix niger. Benjamin Douglass, dysmennorrhœa. Louis Bradwell, stuma vulgares. Talbot Adams, intermittent fever. Alex. Q. Bradley, enteritis. Washington Ballard, dyspepsia. Louis M. Desaussure, mania à potu. Sandford W. Barker, catamenia.

*North Carolina.*

Alex. C. Wilson, fashion in medicine. Samuel B. Watson, nitrogen.

*Georgia.*

Henry J. Smith, on pain. Cosmo P. Richardson, yellow fever. Joseph A. Eve, miasmatic disease. Alfred G. Howard, syphilis. L. Z. Williamson, gun shot wounds. George A. Winn, hernia.

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NEW JERSEY MEDICAL SOCIETY.

At a meeting of the New Jersey Medical Society, held at New Brunswick, on Tuesday the 13th inst.—the following gentlemen were duly elected officers for the ensuing year, viz. Doctor *Jeptha B. Munn*, of Morris, president: Doctor *John W. Craig*, of Somerset, 1st vice-president: Doctor *Thomas Yarrow*, of Salem, 2d vice-president: Doctor *John Mackelvey*, of Hunterdon, 3d vice-president: Doctor *William Pierson*, of Essex, corresponding secretary: Doctor *Fitz Randolph Smith*, of Somerset, treasurer. Standing committee, Doctor *Lewis Condict*, *John B. Jones*, and *Isaac Canfield*, all of Morris.

The following were appointed Reporters for their respective districts, viz. Essex, Doctor Samuel L. Ward. Somerset, Samuel S. Dotey. Middlesex, Josiah B. Andrews. Monmouth, Gilbert S. Woodhull. Salem, Theophilus E. Beaseley. Morris, Absalom Woodruff. Hunterdon, William Johnson.

The following gentlemen were appointed Censors for their respective District Societies, viz. Essex, Joseph S. Dodd, Samuel L. Ward, George Chetwood, Daniel Babbitt, William Ellison. Somerset, Samuel S. Dotey, Peter Vredenburgh, Augustus R. Taylor, Ferdinand F. Schenck, John W. Craig. Monmouth, Doctor Hubbard, Doctor J. S. English, Doctor Allen, Doctor Davis, Doctor Throckmorton. Morris, Doctor John B. Johnes, Isaac Canfield, John W. Leddle, Stephen Fairchild, Lewis Condict. Middlesex, William Van Deursen, John Adams Pool, Josiah B. Andrews, Lewis W. Hall, Jacob Dunham. Hunterdon, John Bowne, William Johnson, Henry Holcombe, John F. Schenck, John Honeyman. Salem, James Van Meeter, Thomas Yarrow, Charles Hanna, Charles Ewing, Edward Q. Keasley.

The following is the subject of a Prize Essay proposed by the Society at the request of the editors of the Medical Recorder. Essay to be published in the Recorder—premium $50. *The nature and extent of the prophylactic power of the Kine Pox. The causes of its failing to prevent the Small Pox. The nature of the Varioloid. Is it a variety of Variola? Under what circumstances is it communicated—and may it be communicated to the same subject more than once?* The committee of examiners appointed also by the Society at the request of the Editors—Doctors Taylor, Woodhull, and Van Deursen.*

The Society postponed till their fall meeting, to decide on the expediency of sending Delegates to the Convention proposed to be held in December next, at the city of Washington, for the purpose of revising the Pharmacopœa of the United States, &c. &c.

Adjourned to meet at Trenton, first Tuesday of November next.

By order, PETER VREDENBURGH,

May 26, 1828. *Recording Secretary.*

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* Dissertations offered for the premium must be delivered, free of expence, at the office of the American Medical Recorder, Philadelphia, on or before the first day of October next. The unsuccessful Essays will be returned on application.

Previous to the receipt of the proceedings of the Chester County Medical Society, we had closed our number; but supposing that it, together with some other matters would be interesting to many of our subscribers, we have been induced to give a few additional pages. *Eds. A. M. Rec.*

## MEDICAL MEETING.

At a meeting of the physicians of Chester county, convened at the house of Mrs. Ann Mason, in the borough of West Chester, on the seventh of June, 1828—Dr. GEORGE A. FAIRLAMB was called to the chair, and Drs. THOMAS SEAL and SAMUEL M'CLEAN, were appointed secretaries.

The committee appointed in February last to prepare a Constitution and By-Laws, submitted the following, which were unanimously adopted.

## CONSTITUTION
## *Of the Chester County Medical Society.*

A number of the physicians of Chester county, convinced of the importance of associated efforts in promoting every species of improvement, and being desirous to advance the best interests of the science to which they are devoted, have agreed to form themselves into an Association, and have adopted the following organic laws, for the better attainment of their object.

ART. 1. The Society shall be called, "*The Chester County Medical Society,*" and shall consist of those physicians who have united in its formation, and of such others as shall hereafter be duly elected members thereof; all of whom shall subscribe their names to this constitution, as an evidence of their willingness to conform to its provisions, before they shall exercise the privileges of membership.

ART. 2. The officers of the Society shall consist of a President, a first and second Vice-President, a Corresponding and Recording Secretary, and a Treasurer; which officers shall be chosen annually, by ballot, on the first Wednesday of June, at such hour and place as the by-laws may direct; and, in default of an election at the annual period, the officers then in office shall be continued until another election shall be held, in conformity to this article. Vacancies may be filled by special election, at any stated meeting; of which the presiding officer shall cause previous public notice to be given.

ART. 3. The duty of the President shall be, to preside at all meetings of the Society, to preserve order, regulate debates, state, and put all questions, agreeably to the sense and intention of the members; and to perform such other duties as the by-laws may ordain.

Art. 4. In the absence of the President, his duties shall devolve on the first Vice-President; and, in case of his absence, on the second; and if neither of them shall be present, a presiding officer, *pro tempore*, shall be appointed, who shall perform the duties of the President.

ART. 5. The Corresponding Secretary shall write, and answer letters, in behalf of the Society, and manage all matters of correspondence.

ART. 6. The Recording Secretary shall keep fair and correct minutes of all the proceedings of the Society, in a book provided for that purpose; he shall give notice of all meetings, and take charge of all books and papers which may be committed to his care, and hand them over to his successor in office.

ART. 7. The treasurer shall collect all moneys accruing to the Society, and shall pay the same agreeably to their order, certified to him by the presiding officer for the time being; he shall keep a regular account of all moneys received and paid by him as aforesaid; and shall, once a year, or oftener, if required by the Society, exhibit a correct statement of all his receipts and expenditures, as treasurer; and shall, moreover, deliver up to his successor, all books, papers, moneys, and other property, in his custody, belonging to the Society.

ART. 8. Every member, at the organization of this Society, and every

member subsequently elected, shall, previously to signing this constitution, pay into the hands of the Treasurer the sum of one dollar; and shall, annually thereafter, viz. at the stated meeting in the month of June, immediately before the election of officers, pay into the hands of the Treasurer, the further sum of one dollar; and every member neglecting or refusing to make such annual payment, shall, during such neglect or refusal, be deprived of the privilege of membership. Any member may resign his right of membership, on paying to the Treasurer all arrears which may be against him.

ART. 9. A stated meeting of the Society shall be held quarterly, viz. on the first Wednesday in the months of March, June, September, and December, in each year; but special meetings may be called by the presiding officer, whenever, in his judgment, the interests of the Society require them; or when requested so to do by any three members of the Society.

ART. 10. Any member may be impeached by three members, for professional impropriety, or contravening the laws of the Society. The member impeached, shall have transmitted to him a copy of the impeachment, and the Society shall not act on it for one month after the member has received said notice. Then, at a stated meeting, he may, in ballot, by a vote of two-thirds of the members present, be expelled from the Society.

ART. 11. Any alterations to be made in this constitution, shall be proposed at a stated meeting, and entered on the minutes; but shall not be acted on until a subsequent stated meeting, at which not less than five members shall be present: and it shall, moreover, be the duty of the Secretary to give previous public notice, that an alteration of the constitution is contemplated at such meeting.

BY-LAWS.

1. The meetings of the Society shall be held in the borough of West Chester, at such house as the Society may, from time to time adjourn to; of which public notice shall be given by the Secretary. The presiding officer shall take the chair at 3 o'clock, P. M. and the elections shall take place at the hour of 4, P. M.

2. The order of business shall be as follows:

1. The Secretary shall read the minutes of the last meeting. 2. Reports of Committees, and the business on the minutes disposed of. 3. Communications received, and reports of cases presented. 4. New business proposed. 5. Essays produced and read. 6. Rough minutes read, and adjournment.

3. Candidates for membership shall be proposed at a stated meeting; but shall not be elected until the next stated meeting, unless by unanimous consent of the members present.

4. It shall be the duty of members to report to the Society, in writing, all remarkable cases of disease, or other matter within their cognizance, which may be useful to the profession, or beneficial to the Society—to cultivate harmony and a good understanding among the profession; and generally to promote its best interests according to their several abilities and opportunities. Memoirs and essays, tending to elucidate any medical science, may be read at any meeting of the Society; and whenever a majority may think proper to order it, a resolution, requiring a Medical Essay from each member, in rotation, may be adopted, and shall be obligatory on all.

5. At the meeting in June, shall be elected annually, an Orator, whose duty it shall be to prepare and deliver a suitable address to the Society, at the next annual meeting succeeding his election.

The Society being organized, the following persons were elected officers for the ensuing year:

*President*—Dr. William Darlington.

*Vice-Presidents*—1st. Dr. George A. Fairlamb. 2d. Dr. William Harris.

*Corresponding Secretary*—Dr. John Kennedy.

*Recording Secretary*—Dr. Wilmer Worthington.
*Treasurer*—Dr. Thomas Seal.
*Orator*—Dr. Samuel M'Clean.

*Resolved*, That the proceedings of this meeting, together with the constitution and by-laws, be published in the papers of this county.

*Resolved*, That the Society adjourn, to meet at this house on the first Wednesday of September, at 2 o'clock, P. M.

GEORGE A. FAIRLAMB, *Chairman.*

THOMAS SEAL,
SAMUEL M'CLEAN, } *Secretaries.*

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*Writ for the Medical Convention of* 1830.

WHEREAS the Convention that was held at the City of Washington, in the month of January 1820, for forming a Pharmacopœa for our United States of America, did resolve that the President of that Convention should, on the 1st day of January 1828, issue Writs of Election to the several incorporated State Medical Societies, in the northern, middle, southern and western districts of the Nation, requiring them to ballot for three Delegates to a General Convention, to be held at Washington, on the 1st day of January 1830, for the purpose of revising the American Pharmacopœa; and whereas the several Institutions, as aforesaid, are, by the same authority, requested to forward to the President, on or before the 1st day of April 1829, the names of the three persons so chosen; with sundry other provisions contained in the historical introduction to the work, to which the reader is referred.

NOW therefore, I, SAMUEL L. MITCHILL, by virtue of the power vested in me by the Convention of 1820, do hereby give notice to all the incorporated Medical Societies, Colleges of Physicians and Surgeons, Medical Schools, and Faculties of Universities and Colleges, and all other authorized Bodies, that they choose proper persons to represent them in the General Convention to be held in January 1830, for revising the Pharmacopœa.

Given under my hand, this first day of January, 1828, at the city of New York. SAMUEL L. MITCHILL, *President.*

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## BALTIMORE CITY COURT.

No doubt many of our subscribers are aware that a suit has been pending for some time past in the Baltimore city court, on an indictment found by the Grand Jury against Dr. Hintze, "for a libel, charging Dr. Jameson with mal-practice, and ignorance of his profession," &c. After a long trial, the jury returned a verdict of guilty against Dr. Hintze;—we have not heard the sentence of the court.

The court in instructing the jury, said, "that if they, the jury, believed the whole matter of the libel set forth in the indictment to be true, that Dr. Hintze was not guilty." We consider this as an important point in relation to a suit, somewhat similar, pending in one of our courts, in which we understand an attempt will be made to prove that the libel consisted in telling the truth. The trial is expected to come on the ensuing fall;—the affair having excited considerable interest, we intend to give a sketch of it.

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## MEDICAL SCHOOLS.

THE cause of humanity, and the improvement of medical science, and we might add, the welfare and future prospects of youth intended for the profession of medicine, being in a great measure vested in these institutions, we consider it a duty we owe to the profession, to make some observations on the subject in this place. It will readily be admitted by every reflecting mind, that teachers in medical schools ought to be, not only men of the first rate talent, but men of the strictest honour and integrity of character; *duplicity, intrigue*, and *evil-speaking* of each other, should not be found to exist

among them, as such conduct must not only bring disgrace and contempt on themselves and their institutions, but will greatly tend to injure those young men who may be educated under them.

The above remarks have been called forth, in consequence of some recent transactions which have taken place in Jefferson Medical College. At page 247, of this number, we mentioned the removal of the Professors from this college, and ventured to throw out an opinion which has been strengthened by subsequent events. If we were to give all we have heard, of the *ungentlemanly manœuvres*, and the *intrigues*, the *accusations*, and the *recriminations*, connected with the affair, it would occupy too much space, and would be disgusting to our readers. We understand that a plan was laid to turn out two of the Professors and to appoint others, and to effect this, it is said a course was pursued nearly similar to the one already before the public. From the best information we can learn, the actors in this business finding that they had gone too far, wheeled round again and were glad to curry favour, not only to have themselves re-appointed, but those intended to have been left out, as we understand the whole have been re-elected with the exception of one, whom we believe they will be compelled to re-appoint. The new arrangements being composed pretty much of the same *brittle* materials, we shall not be surprised to hear shortly of another explosion, and one too that will destroy the institution. Of the necessity for a second medical school in this city we do not give an opinion; but we will say, if the legislature of our state be convinced that it is necessary, and if they have the cause of science and humanity really at heart, reason and common sense would say to them, establish an independent institution unconnected with any other, with trustees composed of gentlemen free from *political* and *religious* dogmas,—such a set of trustees would no doubt search for, and appoint, men of superior talent, men whose names are not tainted with the charges of *low cunning*, *deceit*, and *artifice*, in short, men of probity and honour. Such an institution would be creditable to our city, and the diplomas it would give, if not more, quite as much respected as those of any other school in our country. Let our legislature do its *duty* to the medical profession, and we will venture to assert there will be no cause for our neighbouring states to disregard the diplomas of our schools. *Eds. Am. Med. Recorder.*

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MEDICO-CHIRURGICAL FACULTY OF MARYLAND.

We understand that the medical faculty of Maryland, at their late annual meeting, viewing the degraded state of the profession, by the great facilities held out for *making* doctors, and the manner in which diplomas are granted at some of our medical schools, came to a resolution not to respect the diplomas of *any* institution, and instructed the censors in the several districts to demand of *all* who wish to practice medicine within the state, an examination on all the branches, touching their qualifications for practice, before granting a license. New Jersey has a similar regulation, and we understand both states are determined to enforce the same strictly. We should heartily rejoice to see all the other states adopting similar regulations, inasmuch as we believe it to be the most efficient means to stop the *doctor-making business*. If some of our best friends should feel the force of the above observations, we would remind them that we stand aloof from the *medical politics* of the day, and that as independent editors, we shall fearlessly discharge the duties we owe to the profession.

*Eds. Am. Med. Recorder.*

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Appointments.—The following Gentlemen have been elected Physicians to the Lunatic Asylum, near Frankford. Attending Physician, *Samuel W. Pickering.*—Consulting Physicians, *Thomas C. James, Charles Lukens, Benjamin Ellis, Samuel Emlen, Charles P. Matlack, Caleb B. Matthews.*